

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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MAR 28 2019

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir  
Use "APPLICATION FOR PERMIT -" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

**Synergy Operating, LLC**

3. Address and Telephone No.

**P.O. Box 5513, Farmington, NM 87499 (505) 325-5449**

4. Location of Well (Footage, Sec, T. R., M, or Survey Description)

**888' FNL, 1678' FWL, Sec 24, T29N-R12W (Unit Ltr : C)**

5. Lease Designation and Serial No.

**NMNM013885**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**Federal**

8. Well Name and No.

**Federal #1**

9. API Well No.

**30-045-22723**

10. Field and Pool, or Exploratory

**Basin Fruitland Coal**

11. County or Parish, State

**San Juan Co., NM**

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- |   |  |
|---|--|
| <input type="checkbox"/> Abandonment                            | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Recompletion                           | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Plugging Back                          | <input type="checkbox"/> Non-Routine Fracturing  |
| <input type="checkbox"/> Casing Repair                          | <input type="checkbox"/> Water Shut-Off          |
| <input type="checkbox"/> Altering Casing                        | <input type="checkbox"/> Conversion to Injection |
| <input checked="" type="checkbox"/> Other: Return to Production | <input type="checkbox"/> Dispose Water           |

(Note: Report results of multiple completion on Well  
Completion or recompletion Report and Log Form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including, estimated date of starting work.  
If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones of pertinent to this work.

March 18, 2019: The subject well was returned to production at 10:00 AM, producing at a rate of 26 MCF/D. The well had been shut-in previously due to uneconomic market conditions.

NMOCD

APR 04 2019

DISTRICT III

14. I hereby certify that the foregoing is true and correct

Signed: *R. D. Kapp*

Title: Operations Manager

Date: 3/22/2019

This space for federal or state office use

Approved by: *Dave Mankiewicz*

Title: AFM

Date: 4/11/19

Conditions of approval if any

NMOCD JK