

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM:18319
2. Name of Operator Synergy Operating, LLC		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 5513, Farmington, NM 87499	3b. Phone No. (include area code) 505-325-5449	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1485' FNL & 793' FWL, Sec 20, T29N-R04W, NMPM		8. Well Name and No. 29-4 Carson 20 #7
		9. API Well No. 30-039-20809-00
		10. Field and Pool, or Exploratory Area Blanco - Mesa Verde
		11. County or Parish, State Rio Arriba Co., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input checked="" type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Perform NM One-Call, dig workover pit & line w/ 30' x 30' 22-mil liner. Notify BLM of pending cement squeeze procedure. MIRU workover rig. TOO H w/ 2-3/8" Tbg. TIH & set 4-1/2" CIBP @ 5430'. TOO H. TIH w/ 4-1/2" cement retainer on 2-3/8" Tbg and set @ 5100'. Load hole w/ wtr and pressure test tubing-casing annulus. Sting into cement retainer, pump 75-sacks of Premium Lite HSF M Cement w/ 3# CSE + 4# CLM-1 + 5% A-10 + 0.7% FL-52 + 0.2% CM-32 (12.5 ppg, Yield = 2.10 CF/Sack) into Cliff House perforations @ 5377-83' and 5386-97' displacing cement down 2-3/8" Tbg to cement retainer @ 5100'. Sting out of cement retainer, reverse circulate 40-Bbls (twice the tubing volume) to workover pit. TOO H. WOC until next morning. TIH w/ 3-7/8" bit and drill out cement retainer @ 5100', drill out cement from 5100'-5430'. Pressure Test cement squeeze to 1000# for 15-Minutes. Drill out 4-1/2" CIBP @ 5430' & continue in hole & clean out to at least 5770'. TOO H w/ 3-7/8" bit. TIH w/ 2-3/8" Tbg & land @ 5700' +/- RD workover rig. Install continuous plunger system. Submit 'Subsequent Report' to BLM & Form C-144 to NM-OC D. Haul produced fluids from workover pit to Basin SWD, sample pit if necessary, close workover pit

**CONDITIONS OF APPROVAL**  
Adhere to previously issued stipulations.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Glen O. Papp

Title Operations Manager

Signature

Date

08/18/2004

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCD