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MAR 28 2019

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Farmington Field Office
Bureau of Land Management

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	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other: Return to Production
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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: [Signature]

Title: Operations Manager

Date: 3/22/2019

This space for federal or state office use

Approved by: [Signature: Dave Mankiewicz]

Title: AFM

Date: 4/1/19

Conditions of approval if any

Title 18 U.S.C. Section 1001, 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

NMOCD JK