

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED **DIST. 3**  
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 a different reservoir  
Use "APPLICATION FOR PERMIT -" for such proposals

2007 MAY 7 AM 11 15

RECEIVED  
OTO FARMINGTON NM

**SUBMIT IN TRIPLICATE**

|  |  |
|--|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>MNM-99735             |
| 2. Name of Operator<br>Synergy Operating, LLC (163458)    OGRID # 163458   | 6. If Indian, Allottee or Tribe Name                         |
| 3. Address and Telephone No.<br>PO Box 5513    (505) 325-5549<br>Farmington, NM 87499  | 7. Unit or CA, Agreement Designation                         |
| 4. Location of Well (Footage, Sec, T, R., M, or Survey Description)<br>Unit L, 1470' FSL, 1125' FWL, Sec 05, T21N - R07W         | 8. Well Name and No.<br>Synergy 21-7-5 # 133                 |
|  | 9. API Well No.<br>30-043-21038                              |
|  | 10. Field and Pool, or Exploratory<br>Basin Fruitland Coal   |
|  | 11. County or Parish, State<br>Sandoval County<br>New Mexico |

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

| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |
|---|---|---|
| <input checked="" type="checkbox"/> Notice of Intent<br><input type="checkbox"/> Subsequent Report<br><input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Abandonment<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Plugging Back<br><input type="checkbox"/> Casing Repair<br><input type="checkbox"/> Altering Casing<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> Change of Plans<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Non-Routine Fracturing<br><input type="checkbox"/> Water Shut-Off<br><input type="checkbox"/> Conversion to Injection<br><input type="checkbox"/> Dispose Water<br><small>(Note: Report results of multiple completion on Well Completion or recompletion Report and Log Form)</small> |

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.

**SYNERGY OPERATING, LLC REQUESTS A ONE (1) YEAR EXTENSION FOR THIS APD.**

SYNERGY IS RE-EVALUATING OUR CURRENT ACTIVITY REQUIRING AN EXTENSION UNTIL JULY 20, 2008 TO DRILL THIS WELL.

*Current OCS rules & regulations must be met @ time of drilling*

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

Signed: Thomas E. Mullins    Title: Engineering Manager    Date: 05-04-2007  
tom.mullins@synergyoperating.com    Telephone: (505) 566-3725

This space for federal or state office use

Approved by: Original Signed: Stephen Mason    Title: \_\_\_\_\_    Date: MAY 10 2007  
 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  
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