

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

<b>SUBMIT IN TRIPLICATE</b>		<b>RECEIVED</b>
1 Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		<b>FEB 21 2008</b>
2 Name of Operator <b>Synergy Operating, LLC</b>		<b>Bureau of Land Management Farmington Field Office</b>
3 Address and Telephone No <b>P.O. Box 5513, Farmington, NM 87499 (505) 325-5449</b>		
4 Location of Well (Footage, Sec, T, R, M, or Survey Description) <b>1980' FSL, 1660' FEL, Sec 19, T29N-R11W (Unit Ltr : J)</b>		
		5. Lease Designation and Serial No <b>SF-077056</b>
		6 If Indian, Allottee or Tribe Name <b>RCVD MAR 4 '08</b>
		7 If Unit or CA, Agreement Designation <b>OIL CONS. DIV.</b>
		8. Well Name and No. <b>DIST. 3</b> <b>White 29-11-19 #107</b>
		9. API Well No <b>30-045-33475</b>
		10 Field and Pool, or Exploratory <b>Basin Fruitland Coal</b>
		11. County or Parish, State <b>San Juan Co., NM</b>

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	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<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 type="checkbox"/> Other	<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.

An APD for the subject well was approved on March 22, 2006. A 1-year extension was approved until March 21, 2008. Synergy Operating LLC is requesting another 1-year extension for the APD until March 21, 2009.

*This final approval will expire 03/22/10.*

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

Signed: [Signature]

Title: Operations Manager

Date: 2/21/2008

This space for federal or state office use

Approved by: Cynthia Marquez  
Conditions of approval: any

Title: LE

Date: 02/27/08

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

**Current NMOCD rules and regulations must be met at time of drilling**

**NMOCD**

**ACCEPTED FOR RECORD**

**FEB 27 2008**

FAC FIELD OFFICE  
Bf CM