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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APR 07 2009

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993
Lease Designation and Serial No.

Bureau of Land Management
Farmington Field Office

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		6 If Indian, Allottee or Tribe Name NMNM-99735
2 Name of Operator Synergy Operating, LLC (163458) OGRID # 163458		7 If Unit or CA, Agreement Designation Synergy 21-7-8 # 139
3 Address and Telephone No PO Box 5513 (505) 325-5549 Farmington, NM 87499		8 Well Name and No Synergy 21-7-8 # 139
4 Location of Well (Footage, Sec, T R., M, or Survey Description) Unit B, 710' FNL, 1495' FEL, Sec 08, T21N - R07W		9 API Well No 30-043-21034
		10 Field and Pool, or Exploratory Basin Fruitland Coal
		11 County or Parish, State Sandoval County New Mexico

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 type="checkbox"/> Other
	<input checked="" 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

02-04-2009 CLARIFYING CEMENT TOP ON THE 5-1/2" 15.5# PRODUCTION CASING. DURING PRIMARY CEMENTING SEVEN (7) BARRELS OF GOOD CEMENT WAS CIRCULATED TO SURFACE CEMENT TOP WOULD BE SURFACE ON THE 5-1/2" CASING ✓

ADDITIONAL INFORMATION

RCVD APR 15 '09
OIL CONS. DIV.
DIST. 3

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

Signed Thomas E. Mullins Title: Engineering Manager Date: 04-06-2009
tom.mullins@synergyoperating.com Telephone: (505) 599-4905

This space for federal or state office use

Approved by: _____ Title: _____ Date: _____
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

