RECEIVED

Form 3160-5

Approved by: \_ Conditions of approval if any

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

MAY 03 2)11

FORM APPROVED

Budget Bureau No. 1004-0135

SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICES AND REPORTS ON WELLS  SURGINI OF JAMPHICATION  On the service of 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  Oil Well  Submit IN TRIPLICATE  1. Type of Well  Oil Well  Submit IN TRIPLICATE  1. Type of Well  Oil Well  Oil Well  On Address and Telephone No.  P.O. Box 5513, Farmington, NM 87499  4. Location of Well (Problem, Sec. T. R. N. or Survey Description)  1770" FNL, 960" FEL, Sec 12, T29N-R04W (Unit Litr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  TYPE OF SUBMISSION  Non-Recompletion  Abandoment Recompletion  Polluging Box  Abandoment Notice  Abandoment Notice  Abandoment Notice  Tinal Abandoment Notice  Abandoment Notice  Abandoment Notice  Tinal Abandoment Notice  Tinal Abandoment Notice  The subject well was returned to production in March 2011 (see altached MMS Form OGOR)  The subject well was returned to production in March 2011 (see altached MMS Form OGOR)  Tills: Operations Manager  Date: 5/2/2011  Tills: Operations Manager  Date: 5/2/2011	ne 1990)	BUREAU OF LAND	MANAGEMENT			Expires March 31	, 1993
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 Oil Well X 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 (Frodaya, Sec. T. R. M. or Survey Descriptor)  1770' FNL, 960' FEL, Sec 12, T29N-RO4W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Recomplation Subsequent Report Plaging Back Recomplation Abandoment Recomplation Plaging Back Recomplation Casing Repoil Pland Abandomment Notice Report Other, Return to Production Dispose Water The vell is directionally didled give subsurface locations and measured and true vertical depths for all markers and zones of pertinent to this work.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  Table: Operations Manager Date: 5/2/2011  Table: Operations Manager Date: 5/2/2011				Farmingtor	Tiell Cillease De	esignation and Seria	No.
Use "APPLICATION FOR PERMIT" for such proposals    SUBMIT IN TRIFLICATE	Do not use this fo						
SUBMIT IN TRIPLICATE  1. Type of Well  1. Type of Well  2. Name of Operation Synergy Operating, LLC 3. Address and Teephone No.  P.O. Box 5513, Farmington, NM 87499 4. Location of Well (Footage, Sec. T. R., M. or Survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-RO4W (Unit Ltr: H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER BATA TYPE OF SUBMISSION  TYPE OF SUBMISSION  Abandoment Recompletion Plagging Back New Construction Non-Noutine Practiting Non-Noutine Practition Non-Noutine Practiting Non-Noutine Practiting Non-Noutine Practiting Non-Noutine Practition Non-Noutine Practi							
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1. Type of Well		SURMIT IN T	DIDI ICATE				
Oil Well   X   Gas Well   Other   Federal   8. Well have and No.   22. Name of Operation   2. Name of Operation   3. Address and Telegripone No   2. Address and Telegripone No   2. Address and Telegripone No   3.0.039-24793   10. Plest and Pool, or Exploratory   Basin Fruitland Coal   1170° FNL, 960° FEL, Sec 12, T29N-R04W (Unit Ltr : H)   11. Coarly or Prink   11. Coarly or Prink   12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   Type OF SUBMISSION   Type OF ACTION   Type OF SUBMISSION   Type OF ACTION   Type OF SUBMISSION   Type OF ACTION   Now. Constitue Fracturing   Water Shut-Oif   Casing Repair   Abandonment   Notice   Casing Repair   Abandonment Notice   Casing Repair   Abandonment Notice   Casing Repair   Convertion to Injection   Dispose Water   Casing Repair   Casing Repair   Convertion to Injection   Dispose Water   Casing Repair	1 Type of Well	30BMIT IN TE	NIFLICATE		7 1611-14	CA A	
2. Name of Operating Synergy Operating, LLC 3. Address and Telephone No. P.O. Box 5513, Farmington, NM 87499 (505) 325-5449 4. Localier of Well (Footage, Sec, T. R., M. or Survey Description) 4. Localier of Well (Footage, Sec, T. R., M. or Survey Description)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Non-Routine Fracturing Water Shut-Off Casing Repair Altering Casing Altering Casing Altering Casing Altering Casing Tillar (Convertion to Injection Dispose Water Well Kame and No. 2.9.4 Carson 12 #1 9. APPROPRIATE TO SUBMISSION TYPE OF ACTION TYPE OF ACTION To Subsequent Report Type OF SUBMISSION Type OF ACTION The Subsequent Report Tillar (Abandonment Notice) The Subsequent Report Tillar (Casing Repair Altering Casing Altering Casing Tillar (Convertion to Injection Dispose Water Well Kame and No. 2.9.4 Carson 12 #1 9. APPROPRIATE Type OF ACTION Type OF	i. Type of Well			*	7. II Unit or	CA, Agreement Des	ignation
29-4 Carson 12 #1  3. Address and Pelephone No.  P.O. Box 5513, Farmington, NM 87499  4. Location of Wall (Foolage, Sec. T. R. M, or survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-RO4W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent	Oil Well	X Gas Well	Other		Fed	leral	
Synergy Operating, LLC  3 Address and Telephone No.  P.O. Box 5513, Farmington, NM 87499 (505) 325-5449  4. Location of Well (Podage, Ser. T. R. M. or Survey Description)  1770' FNL, 960' FEL, Soc 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Abandoment  Abandoment Recompletion  Plugging Back Plugging Bac					8. Well Nan	ne and No.	
Synergy Operating, LLC  3. Address and Telephone No.  P.O. Box 5513, Farmington, NM 87499  4. Location of Well (Foolage, Ser., T. R. M. or Survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  X Notice of Intent  Subsequent Report  Plugging Back Casing Repair Altering Casing X Other Return to Production  13. Describe Proposed or Compileted Operations (Clearly state all pertinent details, and give portinent dates, including, estimated date use from Convertion to Injection Dispose Water  14. I hereby certify that the foregoing is true and correct  Signed:  Tritle:  Operations Manager  Date:  5/2/2011  15. Operations Manager  Date:  5/2/2011	<ol><li>Name of Operate</li></ol>	or					
3. Address and Telephone No.  P.O. Box 5513, Farmington, NM 87499 4. Location of Wall (Footage, Sec. T. R., M. of Survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  Abandonment  Abandonment  Recompletion  Plugging Back Casing Repair Altering Casing Altering Casing Water Shut-Off Converion to Injection Dispose Waller Fracturing Water Shut-Off Converion to Injection Dispose Waller Shut-September of Plans Nor-Routin to Production Nor-Routin of Programment (and the substantiate of press)  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give portinent dates, including, estimated date of stating work.  If well is directionally diffied give subsurface locations and measured and true vertical dignits for all markers and zones of pertinent to this work.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  14. I hereby certify that the foregoing is true and correct Signed:  Tritle: Operations Manager  Date: 52/2011							
P.O. Box 5513, Farmington, NM 87499 4. Location of Well (Footage, Sec, T. R., M. or Survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Abandoment   Recompletion   Recompletion   Non-Routine Fracturing   Water Shut-Off					9. API Well	No.	
P.O. Box 5513, Farmington, NM 87499 4. Location of Well (Footage, Sec, T. R., M., or Survey Description) 4. Location of Well (Footage, Sec, T. R., M., or Survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Abandoment   Change of Plans	Address and Tel	ephone No.					
A. Location of Well (Footage, Sec, T. R., M, or Survey Description)  1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Notice of Intent  14. I hereby certify that the foregoing is true and correct  Signed:  15. Coexisted Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including, estimated of starting work.  15. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including, estimated of starting work.  16. I hereby certify that the foregoing is true and correct  Signed:  17. Title:  Operations Manager  Date:  5/2/2011	D.O. Davi	5542 Envisionator NAS OF	7400 (505)	205 5440			
1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  11. Court or Parish, State  Rio Arriba Co., NM  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION    Abandoment   Abandoment   Recompletion   Recompletion   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Dispose Water   Non-Routine Fracturing   Non-Ro				323-5449	10. Field an	d Pool, or Explorato	ry
1770' FNL, 960' FEL, Sec 12, T29N-R04W (Unit Ltr : H)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION    Abandoment   Change of Plans   New Construction   New Construct	4. Location of Well	(Footage, Sec, T. R., M, or Survey	Description)		Post	in Fruitland C	an!
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION    Abandoment   Recomplation   Recomplation   New Construction   New Construction   New Construction   New Construction   Non-Routine Fracturing   Non-Routi	1770' [	FNI 960' FFI Sec 12 T20	N-R04W (Unit Ltr · H)				Jai
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION    Abandoment   Recompletion   Recompletion   Non-Routine Fracturing	17101	NE, 300 1 EE, 000 12, 120	Markotti (Olik Eti . 11)	÷	Tr. County	or Failsh, State	
TYPE OF SUBMISSION    X   Notice of Intent			<u></u>				1
Notice of Intent	12. CHECK AF	PROPRIATE BOX(S) TO I	NDICATE NATURE OF N	OTICE, REPOR	RT, OR OTHER DA	ATA	
Subsequent Report   Plugging Back   Casing Repair   Altering Casing   Non-Routine Fracturing   Water Shut-Off   Converion to Injection   Spopse Water   Shut-Off   Converion to Injection   Spopse Water   Shut-Off   Converion to Injection   Spopse Water   Shut-Off   Converion to Injection   Spopse Water   Shut-Off   Converion to Injection   Shut-Off	TYPE OF	SUBMISSION		TYPE OF AC	TION		
Subsequent Report   Plugging Back   Casing Repair   Altering Casing   Subsequent Report   Plugging Back   Casing Repair   Altering Casing   Subsequent Report   Return to Production   Suppose Water Shut-Off   Converion to Injection   Subspose Water   Shut-Off   Converion to Injection   Subspose Water   Shut-Off   Converion to Injection   Subspose Water   Shut-Off   Converion to Injection   Subspose Water   Shut-Off   Converion to Injection   Subspose Water   Shut-Off   Converion to Injection   Subspose Water   Shut-Off   Converion to Injection   Shut-Off   Shut-Off	X Notice	of Intent	☐ Abandoment		Change o	f Plans	
Subsequent Report Final Abandonment Notice Plugging Back Casing Repair Altering Casing Other: Return to Production Dispose Water Mother: Report raiset of makelet completion on Wall Completion to Injection Dispose Water Mother: Report raiset of makelet completion on Wall 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.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  RECEIVED  MAY 57.9.1  Oil CONS. IN.  Title: Operations Manager Date:  5/2/2011	[7] 110000	Si missile	<del>                                     </del>				
Final Abandonment Notice    Casing Repair Altering Casing   Converion to Injection   Dispose Water   Notice Report results of multiple completion on Wall Completion are 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.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)    RECEIVED   See August   S	Subsec	uent Report	<u> </u>		_		
The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  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.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  14. I hereby certify that the foregoing is true and correct  Signed:  Title:  Operations Manager  Date:  5/2/2011	<u> </u>	·	<b>⊢</b>		Water Shi	ut-Off	
Note: Report results of multiple completion on Well Completion or recompletion	Final A	bandonment Notice	Altering Casi	ng	Converior	to Injection	
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.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  **RECEIVED***  **RECEIVED***  **ARCHIVED***  **ARCHIVED**  **ARCHIVED***  **ARCHIVED**  **AR	-	·	X Other: Return	n to Production	· ·		
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.  The subject well was returned to production in March 2011 (see attached MMS Form OGOR)  RECEIVED  AND SOLUTIONS ON SOLUTIONS OF THE CONTROLLED SIgned:  Title: Operations Manager					*		
PECEIVED STORY 2039 OIL CONS. DIV 2039 OF COMMAN 2039 OIL CONS. DIV 20	The	subject well was returned	to production in March 201	1 (see attached	MMS Form OGOI	₹)	
PECEIVED STORY 2039 OIL CONS. DIV 2039 OF COMMAN 2039 OIL CONS. DIV 20							
14. I hereby certify that the foregoing is true and correct  Signed:					, , , , , , , , , , , , , , , , , , ,	/ RECE	91077 23 A 1516
14. I hereby certify that the foregoing is true and correct  Signed:						OIL CONS.	1778/19
Signed:						2425252	ES 2717223
Signed:							
Signed:	•						
Signed:	14. I hereby ce	rtify that the foregoing is true	and correct				
	. 0	100		e: Operatio	ons Manager	Date:	_ 5/2/2011
This space for federal or state office use			1 1				

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, ficticious, or fraudulent statements 10 5 2016 or representations as to any matter within its jurisdiction

PAHAMOTON PREDICTOR

U.S. Department Of Interior Office of Natural Resources Revenue Thursday, April 07, 2011

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			-characteriority	Documen	nt Number: 14	1735 - 1	Report Number:	73098			
Report	Type:		Origi	nal	Report Peri	od:		,	022011		
ONRR O	perator	Number:	K1816	5 .	ONRR Operat	or Name	<b>:</b> :		SYNERGY OPERAT	ING LLC	
ONRR L Number	ease/Agr `:	mt.			Operator Le	ase/Agr	reement Name:	. *	29-4 Carson 12	:-1 .	
Agency Number	Lease/A	grmt	NMNM 1	.0431	Operator Le Number.	ase/Agr	rmt				
			<del></del>		ONRR-	OGOR -	Part A				
Line A			ll Number Sequence Sid tra	Prod. e- Inter	Operator val Well Number		Well Codes us Shut- Action in Reason	Days Produced	Production Vo Oil/Cond. Gas (BBL) (MCF)	Water	Injection Volumes
1 A	30	039	24793 00	S01	Carson 12-1	.11		10	. 0 252	. 0	
		-		_	Produced: Injected:				Oil/Cond 0 0	Gas 0 0	Water
					ONRR-	OGOR -	Part B				
Line #	Action Code	Disp. Code	Metering Point	Gas	Plant		API Gravity (99.9)	BTU (9999)	Dispositio Oil/Cond. (BBL)	on Volum Gas (MCF)	1 6
1	Α	01			The state of the s		0.0	1000	0	252	
			Total	Quantity	Disposed:				Oil/Cond O	Gas 0	Water
			Total	Inventor	у:	***************************************	Begining 0	Produced 0	Sold Ad	justed :	Ending
	•									AMERICAN PRINCES AND REPORT TO THE PROBLEM	
Contac Commen	t Name: ts:	Thomason	n, Jennifer	J. P	hone Number:	505	5-325-5449 Ext:	Auth.	Date (MMDDYYYY)	: 0	4062011



## United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

Farmington Field Office 1235 La Plata Highway Farmington, New Mexico 87401

IN REPLY REFER TO:

NMNM-10431 (WC) 3162.3-2 (21110)

April 21, 2011

Mr. Glen Papp Synergy Operating, LLC PO Box 5513 Farmington, NM 87499

Dear Mr. Papp:

Reference is made to your well No. 1 29-4 Carson 12, 1770' FNL & 960' FEL sec. 12, T. 29 N., R. 4 W., Rio Arriba County, New Mexico, Lease NMNM-10431. Also referenced is our letter dated March 10, 2011, which required you to submit your plans for the above mentioned shut-in well within 30 days of the receipt of that notice.

You are in violation of 43 CFR 3163.1. This is a minor violation. If the violation is not corrected you may be subject to an assessment. You have until May 15, 2011 to correct this violation. Failure to comply within the time above may result in an assessment in accordance with 43 CFR 3163.1.

Under provisions of 43 CFR 3165.3, you may request an Administrative Review of the orders described above. Such request, including all supporting documents, must be filed in writing within 20 business days of receipt of this notice and must be filed with the State Director, Bureau of Land Management, P. O. Box 27115, Santa Fe, New Mexico 87502-0115. Such requests shall not result in a suspension of the order(s) unless the reviewing official so determines. Procedures governing appeals from instructions, orders or decisions are contained in 43 CFR 3165.4 and 43 CFR 4.400 et seq.

If you have any questions please contact Stephen Mason with this office at (505) 599-6364.

Sincerely,

Stephen Mason

Petroleum Engineer; Petroleum Management Team

APR 2 5 2011