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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAY 24 2011

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
NMNM-18323

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)

840' FSL, 1065' FWL, Sec 24, T29N-R04W (Unit Ltr : M)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Federal

8. Well Name and No.

29-4 Carson 24 #1

9. API Well No.

30-039-24821

10. Field and Pool, or Exploratory

Basin Fruitland Coal

11. County or Parish, State

Rio Arriba Co., NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

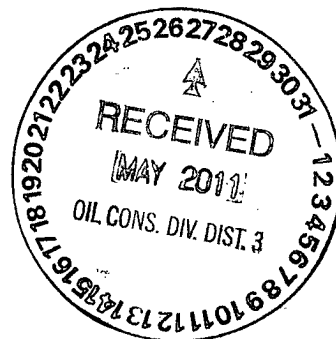
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other: Return to Production
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.

The subject well was returned to production at 0745-Hr on May 19, 2011 flowing through Williams Field Services meter #81171 at a flow rate of 30-MCF/D. FCP = 940#, FTP = 225#.



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

Signed: [Signature]

Title: Operations Manager

Date: 5/19/2011

This space for federal or state office use

Approved by: _____

Title: _____

Conditions of approval if any

ACCEPTED FOR RECORD

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

NMCCD

FARMINGTON FIELD OFFICE

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