## **RECEIVED**

Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

JUL 2 0 2015

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

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 (Footage, Sec, T. R., M, or Survey Description)  888' FNL, 1678' FWL, Sec 24, T29N-R12W (Unit Ltr : C)  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR O'  TYPE OF SUBMISSION TYPE OF ACTION  Notice of Intent  X Subsequent Report  Plugging Back Casing Repair Altering Casing Other: Return to Production  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including, es	6. If Indian, Allottee or Tribe Name  7. If Unit or CA, Agreement Designation  Federal  8. Well Name and No.  Federal #1  9. API Well No.  30-045-22723  10. Field and Pool, or Exploratory  Basin Fruitiand Coal  11. County or Parish, State  San Juan Co., NM  THER DATA  Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Converion to Injection Dispose Water (Note: Report results of multiple compleiton on Well
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	Completion or recompletion Report and Log Form)
If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones  July 16, 2015: The subject well was returned to production at 7:00 AM, producing at a shut-in previously due to uneconomic market conditions.	of pertinent to this work.
OIL CONS. DIV DIST. 3  JUL 2015	ACCEPTED FOR RECORD  JUL 2 2 2015  FARMINGTON FIELD OFFICE BY:

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 or representations as to any matter within its jurisdiction

This space for federal or state office use

Approved by: \_

Conditions of approval if any



Date: \_\_\_\_ 7/17/2015

Date:

Title: \_

Title: \_\_\_\_ Operations Manager