

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or penetrate a different reservoir
Use "APPLICATION FOR PERMIT -" for such proposals.

RECEIVED
2006 JUL 21 AM 8 04
070 FARMINGTON NM

FORM APPROVED
Budget Bureau No. 1004-0135

Expires March 31, 1993

5. Lease Designation and Serial No.

SF-077056

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

White 29-11-19 #106

9. API Well No.

30-045-33378

10. Field and Pool, or Exploratory

Basin Fruitland Coal

11. County or Parish, State

San Juan Co., NM

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)

1670' FSL, 1855' FWL, Sec 19, T29N-R11W (Unit Ltr : K)

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

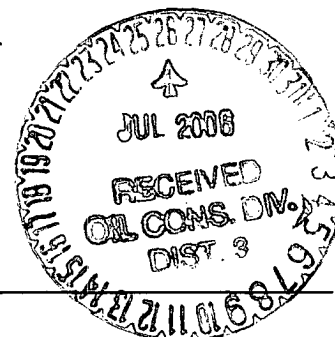
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☒ Change of Plans
☒ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.

7-17-06: Set GEMCo compressor skid w/ VanGuard TM 3/LC Engine & Quincy 350 compressor.
Environmental rails around skid perimeter and emergency shut-down.
NOx emissions less than 2-grams/Hp-Hr (0.51-Tons/Year at 26.5 Hp)



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

Signed: [Signature]

Title: Operations Manager

Date: 7/17/2006

This space for federal or state office use

Approved by: [Signature]
Conditions of approval if any

Title: Branch Chief

Date: 7/24/06

NMOC