UNITED STATES

RCW NOULE'OE

FORM APPROVED

Budget E	Bureau No.	1004-013
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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 (7.0 E. Agricultural SUBMIT IN TRIPLICATE 1. Type of Well	pires Merch 31, 1993 iion(and Serial No.
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SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Details 7. If U	
SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement De	e or Tribe Name │
1. Type of Well X Gas Well Other	1 1 11 1
Oil Well X Gas Well Other	reement Designation
2. Name of Operator Synergy Operating, LLC 3. Address and Telephone No. P.O. Box 5513, Farmington, NM 87499 4. Location of Well (Footage, Sec, T. R., M, or Survey Description) Unit K, 1835' FSL, 1970' FEL, Sec 07, T21N - R07W 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Abandoment Recompletion Notice of Intent Subsequent Report Pinal Abandonment Notice Altering Casing Other 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 driled give subsurface locations and measured and true vertical depths for all markers and zones of pertinent to this work. 14. I hereby certify that the foregoing is true and ornect Signed: Thomas, E. Mullins 15. Mullins 16. Well Name and No. Synergy 21-7-7 # 9. API Well No. 30-043-21022 10. Field and No. 30-043-21022 10. Field and Pool, or Explorat 10. County or Parish, State Sandoval County Basin Fruittand TyPE OF ACTION 11. County or Parish, State Sandoval County 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION 13. Describe Proposed or Completed County 14. I hereby certify that the foregoing is true and office of the pertinent dates, including, estimated date of a fathing work. 15. Well Name and No. 26. APP Well No. 27. APP Well No. 28. Appl well No. 29. API Well No. 29. API Well No. 29. API Well No. 20. API Well No. 20. Casing Appliance 10. Field and Pool, or Explorat 11. County or Parish, State 12. Check APPROPRIATE BOX(S) To InDicATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION 16. County or Parish, State 17. County or Parish, State 18. Abandoment Recompletion No. Report to Appliance No. Abandoment Recompletion No. Report to Appliance No. R	,
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Thomas. E. Mullins tom.mullins@synergyoperating.com	
Thomas. E. Mullins tom.mullins@synergyoperating.com	
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Assessed the	
Approved by: Date:	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, ficticious, or fraudulent statements or representations as to any matter within its jurisdiction



