

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 reentry to a different reservoir
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1 Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2 Name of Operator

Synergy Operating LLC

3 Address and Telephone No

PO 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 (K), T29N-R11W, NMPM

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

N/A 30-045-33378

10 Field and Pool, or Exploratory

Basin Fruitland Coal

11. County or Parish, State

San Juan 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: 1st Delivery

- ☐ 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 well was 1st delivered on May 26, 2006 and produced natural gas and formation water

TP: 0#

CP: 20#

Initial MCF: 10

Meter #: 36697-300

Gas Transporter: Williams Field Services

RCVD AUG 23 '07

OIL CONS. DIV.

DIST. 3

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

Signed: [Signature]

Title: Operations Manager

Date: 8/17/2007

This space for federal or state office use

Approved by: _____

Title: _____

Conditions of approval if any

ACCEPTED FOR RECORD

Date: _____

AUG 20 2007