

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

RECEIVED

SUBMIT IN TRIPLICATE

1 Type of Well

☐

Oil Well

☒

Gas Well

☐

Other

MAR 13 2009

Bureau of Land Management

2 Name of Operator

Synergy Operating, LLC (163458)

Farmington Field Office

OGRID # 163458

3 Address and Telephone No.

PO Box 5513

(505) 325-5549

Farmington, NM 87499

4 Location of Well (Footage, Sec, T, R, M, or Survey Description)

Unit D, 980' FNL, 1145' FWL, Sec 19, T26N - R07W

FORM APPROVED

Budget Bureau No 1004-0135

Expires March 31, 1993

5 Lease Designation and Serial No.

NM-011639

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No

Sunical Federal #1

9. API Well No

30-039-06422

10 Field and Pool, or Exploratory

Basin Dakota

11 County or Parish, State

Rio Arriba County

New Mexico

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

TYPE OF SUBMISSION

TYPE OF ACTION

☐

Notice of Intent

☒

Subsequent Report

☐

Final Abandonment Notice

☐

Abandonment

☐

Recompletion

☐

Plugging Back

☐

Casing Repair

☐

Altering Casing

☒

Other: Chg of Operator

☐

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.

Synergy Operating has obtained operations of the above mentioned well.

effective 10-1-06

RCVD MAR 24 '09

OIL CONS. DIV.

DIST. 3

14 I hereby certify that the foregoing is true and correct

Signed

[Signature]

Title: Operations Manager

Date: 10/25/2006

This space for federal or state office use

Approved by:

Title:

Date:

Conditions of approval if any

ACCEPTED FOR RECORD

MAR 13 2009

NMOCOD

BY *[Signature]*