

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 TRIPPLICATE

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)

1500' FNL & 810' FWL, Sec 1, T30N-R10W, NMPM

FORM APPROVED

Budget Bureau No. 10C4-0135

Expires March 31, 1993

5. Lease Designation and Serial No.

SF-078208

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sunray 'B' #4

9. API Well No.

30-045-20765

10. Field and Pool, or Exploratory

Blanco - Pictured Cliffs

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

- ☐ 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, LLC is in the process of negotiating the sale of this well from the current operator,

Burlington Resources, we expect to have the deal closed by April 1, 2002. Following the transfer

of ownership for this well, Synergy plans to move in a completion rig and test the wellbore. After results

of the testing are obtained, Synergy will then formulate a long-range plan for the well.

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

Signed: [Signature]

Title: Operations Manager/Partner

Date: 3/27/2002

This space for federal or state office use

Approved by: _____
Conditions of approval if any

Title: _____

Date: _____

FOR RECORD

APR 01 2002

FIELD OFFICE
[Signature]