

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack

Document Number:

1692716

Plugging Bond Surety

20090043

3. Name of Operator: SYNERGY RESOURCES CORPORATION 4. COGCC Operator Number: 103115. Address: 20203 HIGHWAY 60City: PLATTEVILLE State: CO Zip: 806516. Contact Name: ED HOLLOWAY Phone: (970)737-1073 Fax: (970)737-1045Email: PM3RSANDQUIST@AOL.COM7. Well Name: SRC STATE Well Number: 33-16D

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 7800

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 16 Twp: 4N Rng: 67W Meridian: 6Latitude: 40.309375 Longitude: -104.896668Footage at Surface: 1405 FNL/FSL FSL 2532 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4908 13. County: WELD

14. GPS Data:

Date of Measurement: 10/14/2009 PDOP Reading: 1.7 Instrument Operator's Name: JOHN C. BARICKMAN15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

1966 FSL 2026 FEL 1966 FSL 2026 FELSec: 16 Twp: 4N Rng: 67W Sec: 16 Twp: 4N Rng: 67W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 100018. Distance to nearest property line: 155 19. Distance to nearest well permitted/completed in the same formation: 783

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
J-SAND	JSND	232-23	320	S2
NIOBRARA/CODELL	NB-CD	407-87	80	W2SE4

21. Mineral Ownership: Fee State Federal Indian Lease #: 88/5056-S

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
S/2, SEC. 16, 4N, 67W

25. Distance to Nearest Mineral Lease Line: 1260 26. Total Acres in Lease: 320

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	590	300	590	0
1ST	7+7/8	4+1/2	11.6	7,800	490	7,800	

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments NO CONDUCTOR CASING WILL BE USED

34. Location ID: 302650

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CRAIG RASMUSON

Title: MGR LAND & FIELD OPER Date: _____ Email: CRAIGRASMUSON@COMCA

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

Attachment Check List

Att Doc Num	Name	Doc Description
1692705	EXCEPTION LOC REQUEST	LF@2167858 1692705
1692716	APD ORIGINAL	LF@2167852 1692716
1692729	WELL LOCATION PLAT	LF@2167854 1692729
1692730	DEVIATED DRILLING PLAN	LF@2167856 1692730

Total Attach: 4 Files