

FORM 5A

Rev 02/08

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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COMPLETED INTERVAL REPORT

Document Number:

400137561

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10311
2. Name of Operator: SYNERGY RESOURCES CORPORATION
3. Address: 20203 HIGHWAY 60
City: PLATTEVILLE State: CO Zip: 80651
4. Contact Name: Rhonda Sandquist
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-29164-00
6. County: WELD
7. Well Name: MEYER Well Number: 4
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 12/21/2010 Date of First Production this formation: 12/27/2010
Perforations Top: 7769 Bottom: 7780 No. Holes: 45 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
CODELL PERF 7769-7780 HOLES 45 SIZE .420 FRAC W/33,550 GAL OF FR-66 WATER DL. 174,653 GAL OF FR-66 WATER DL CARRYING 926.87 LB OF SAND -PREMIUM- 30/50 BULK.
This formation is commingled with another formation: No
Test Information:
Date: 12/28/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 83 Mcf Gas: 794 Bbls H2O: 41 GOR: 9566
Test Method: Flowing Casing PSI: 3250 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 2117 API Gravity Oil: 61
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 04/06/2010 Date of First Production this formation: 04/17/2010

Perforations Top: 8234 Bottom: 8258 No. Holes: 97 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

J-SAND PERF 8234-8258 HOLES 97 SIZE .380 FRAC W/46,289 GAL OF FR - 66 WATER 169,446 GAL OF FR - 66 WATER CARRYING 944.31 LB OF SAND - PREMIUM- 30/50 BULK

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/18/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 25 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2250 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1220 API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Set bridge plug and fraced Codell for economic reasons

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

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

Signed: _____ Print Name: Rhonda Sandquist

Title: Land Assistant Date: _____ Email rsandquist@syrginfo.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400147229	CEMENT JOB SUMMARY
400147237	OTHER
400164221	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)