

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:

400137672

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

5. API Number 05-123-30460-00 6. County: WELD
 7. Well Name: SRC TK Well Number: 11-36D
 8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 04/19/2010 Date of First Production this formation: 05/10/2010
 Perforations Top: 7416 Bottom: 7436 No. Holes: 80 Hole size: 4
 Provide a brief summary of the formation treatment: _____ Open Hole:
CODELL PERF 7416-7436 HOLES 80 SIZE 4.0 FRAC W/ 46,393 GAL OF FR- 66 WATER 169,325 GAL OF FR - 66 WATER CARRYING 877.06 LB OF SAND - PREMIUM - 30/50 BULK
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/11/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: 105 Mcf Gas: 50 Bbls H2O: 75 GOR: 476
 Test Method: Flowing Casing PSI: 500 Tubing PSI: _____ Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 3053 API Gravity Oil: 48
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 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
400151722	OTHER
400152928	CEMENT JOB SUMMARY
400166305	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)