

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400137672</div>				
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: <u>10311</u>	4. Contact Name: <u>Rhonda Sandquist</u>
2. Name of Operator: <u>SYNERGY RESOURCES CORPORATION</u>	Phone: <u>(970) 737-1073</u>
3. Address: <u>20203 HIGHWAY 60</u>	Fax: <u>(970) 737-1045</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	

5. API Number <u>05-123-30460-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SRC TK</u>	Well Number: <u>11-36D</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>36</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

<u>Completed Interval</u>	
FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/19/2010</u>	Date of First Production this formation: <u>05/10/2010</u>
Perforations Top: <u>7416</u> Bottom: <u>7436</u>	No. Holes: <u>80</u> Hole size: <u>4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>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</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/11/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>105</u> Mcf Gas: <u>50</u> Bbls H2O: <u>75</u> GOR: <u>476</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>500</u> Tubing PSI: _____ Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>3053</u> API Gravity Oil: <u>48</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 5/18/2011 Email rsandquist@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400137672	FORM 5A SUBMITTED
400151722	CEMENT JOB SUMMARY
400152928	CEMENT JOB SUMMARY
400166305	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)