


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> Document Number: <div style="text-align: center; font-weight: bold;">400137650</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
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>05-123-30462-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>SRC TK</u>		Well Number: <u>12-36D</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>					
Completed Interval							
FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>05/01/2010</u>		Date of First Production this formation: <u>05/13/2010</u>					
Perforations Top: <u>7699</u>	Bottom: <u>7712</u>	No. Holes: <u>53</u>	Hole size: <u>0.42</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
CODELL PERF 7699-7712 HOLES 53 SIZE .420 FRAC W/34,159 GAL OF FR - 66 WATER 225,682 GAL OF FR - 66 WATER CARRYING 899.05 LB OF SAND - PREMIUM - 30/50 BULK							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/25/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____				
Calculated 24 hour rate:		Bbls oil: <u>17</u>	Mcf Gas: <u>26</u> Bbls H2O: <u>26</u> GOR: <u>1529</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>1250</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>534</u>	API Gravity Oil: <u>45</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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

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: 5/17/2011 Email rsandquist@syrinfo.com
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Attachment Check List

Att Doc Num	Name
400137650	FORM 5A SUBMITTED
400153039	CEMENT JOB SUMMARY
400153040	CEMENT JOB SUMMARY
400165689	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)