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| 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: 400137666 | 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>05-123-30463-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>SRC TK</u> | | Well Number: <u>21-36D</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>05/06/2010</u> | | | | | |
| Perforations Top: <u>7412</u> Bottom: <u>7428</u> | | No. Holes: <u>64</u> Hole size: <u>0.42</u> | | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| CODEELL PERF 7412-7428 HOLES 64 SIZE .420 FRAC W/46,355 GAL OF FR - 66 WATER 169,540 GAL OF FR - 66 WATER CARRYING 930.86 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>05/07/2010</u> Hours: _____ | | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ | | | | | |
| Calculated 24 hour rate: | | Bbls oil: <u>25</u> Mcf Gas: <u>36</u> Bbls H2O: <u>105</u> GOR: <u>1440</u> | | | | | |
| Test Method: <u>Flowing</u> | | Casing PSI: <u>200</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>45</u> | | | | | |
| Tubing Size: _____ | | Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____ | | | | | |
| Reason for Non-Production: | | | | | | | |
| | | | | | | | |
| 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: _____ | | | | | |

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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| FORMATION: <u>J SAND</u> | | Status: <u>TEMPORARILY ABANDONED</u> | | |
| Treatment Date: <u>06/18/2010</u> | | Date of First Production this formation: <u>07/27/2010</u> | | |
| Perforations | Top: <u>7934</u> | Bottom: <u>7952</u> | No. Holes: <u>73</u> | Hole size: <u>0.38</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | |
| JSAND PERF 7934-7952 HOLES 73 SIZE .380 FRAC W/46,255 GAL OF FR - 66 WATER 174,504 GAL OF FR - 66 WATER CARRYING 925.47 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>07/27/2010</u> | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>9</u> | Bbls H2O: <u>25</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>1405</u> | Tubing PSI: _____ | Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>484</u> | API Gravity Oil: <u>56</u> | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | |
| Reason for Non-Production: | | | | |
| Set bridge plug fraced Codell formation for economic reasons | | | | |
| 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: _____ | | |

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|----------|
| Comment: |
| |

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|--|------------------------|--------------------------------------|--|
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | |
| Signed: _____ | | Print Name: <u>Rhonda Sandquist</u> | |
| Title: <u>Land Assistant</u> | Date: <u>5/17/2011</u> | Email <u>rsandquist@syrginfo.com</u> | |

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400137666 | FORM 5A SUBMITTED |
| 400153004 | CEMENT JOB SUMMARY |
| 400153005 | CEMENT JOB SUMMARY |
| 400165736 | WELLBORE DIAGRAM |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)