

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;">400137666</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>05-123-30463-00</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>	

Completed Interval

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"/>
<u>CODELL 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</u>	

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/18/2010 Date of First Production this formation: 07/27/2010

Perforations Top: 7934 Bottom: 7952 No. Holes: 73 Hole size: 0.38

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

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: Yes No

Test Information:

Date: 07/27/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 9 Bbls H2O: 25 GOR: 0

Test Method: Flowing Casing PSI: 1405 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 484 API Gravity Oil: 56

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: 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: 5/17/2011 Email rsandquist@syrginfo.com

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)