

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>400137637</b> </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>05-123-30459-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SRC TK</u>	Well Number: <u>36AD</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>04/28/2010</u>	Date of First Production this formation: <u>12/08/2010</u>
Perforations Top: <u>7428</u> Bottom: <u>7444</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 7428-7444 HOLES 64 SIZE .420 FRAC W/ 47,902 GAL OF FR - 66 WATER 177,771 GAL OF FR - 66 WATER CARRYING 919.34 LB OF SAND - PREMIUM- 30/50 BULK</u>	

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: <u>12/09/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>26</u>	Mcf Gas: <u>30</u>	Bbls H2O: <u>0</u>	GOR: <u>1154</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1400</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>2321</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: NIOBRARA Status: PRODUCING

Treatment Date: 05/01/2010 Date of First Production this formation: 05/08/2010

Perforations Top: 7248 Bottom: 7272 No. Holes: 97 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NIOBRARA PERF 7248-7272 HOLES 97 SIZE .420 FRAC W/394 GAL OF WATER FRAC G 30# -SBM 509 GAL OF HYDROCHLORIC ACID 46,272 GAL OF FR - 66 WATER 174,471 GAL OF FR - 66 WATER CARRYING 905.44 LB OF SAND - PREMIUM - 30/50 BULK

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/09/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 22 Mcf Gas: 3 Bbls H2O: 5 GOR: 136

Test Method: Flowing Casing PSI: 1450 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 534 API Gravity Oil: 42

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

**Attachment Check List**

Att Doc Num	Name
400137637	FORM 5A SUBMITTED
400153365	CEMENT JOB SUMMARY
400153366	CEMENT JOB SUMMARY
400165643	WELLBORE DIAGRAM

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)