

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: 400138091				
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>05-123-31402-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SRC State</u>	Well Number: <u>16KD</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>16</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

<u>Completed Interval</u>	
FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/21/2010</u>	Date of First Production this formation: <u>09/03/2010</u>
Perforations Top: <u>7417</u> Bottom: <u>7439</u>	No. Holes: <u>88</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PERF 7417-7439 HOLES 88 SIZE .420 FRAC W/46,499 GAL OF FR - 66 WATER 176,169 GAL OF FR - 66 WATER CARRYING 954.18 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>09/04/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>146</u> Mcf Gas: <u>309</u> Bbls H2O: <u>0</u> GOR: <u>2116</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2550</u> Tubing PSI: _____ Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>2456</u> API Gravity Oil: <u>46</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%; margin-top: 5px;"></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: 5/24/2011 Email rsandquist@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400138091	FORM 5A SUBMITTED
400160822	CEMENT JOB SUMMARY
400160823	CEMENT JOB SUMMARY
400160840	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)