

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400138135

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: 10311
2. Name of Operator: SYNERGY RESOURCES CORPORATION
3. Address: 20203 HIGHWAY 60
City: PLATTEVILLE State: CO Zip: 80651
4. Contact Name: Kori Thoren
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-31656-00
6. County: WELD
7. Well Name: SRC M&T Farms
Well Number: 33-10D
8. Location: QtrQtr: SWSE Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/28/2010 Date of First Production this formation: 09/15/2010

Perforations Top: 7357 Bottom: 7374 No. Holes: 4 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole: [ ]

CODELL PERFS 7357-7374 HOLES 4 SIZE .410 FRAC W/90,180 LBS OF 30-50 OTTAWA SAND, AND 5160 BBL OF STIMOIL SLICK WATER. THE CODELL FORMATION BROKE DOWN AT 3548 PSI, AND TREATED AT 59.4 BPM AND AN AVERAGE PRESSURE OF 5321 PSI. THE ISIP WAS 3439 PSI, 5" 3297.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 09/16/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 130 Mcf Gas: 211 Bbls H2O: 163 GOR: 1623

Test Method: Flowing Casing PSI: 1550 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 2428 API Gravity Oil: 49

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: Kori Thoren

Title: Land Assistant Date: 8/4/2011 Email kthoren@syrinfo.com

### Attachment Check List

Att Doc Num	Name
400138135	FORM 5A SUBMITTED
400192512	CEMENT JOB SUMMARY
400192515	OTHER
400192525	WELLBORE DIAGRAM

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)