

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



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Document Number:

400139522

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 05-123-32061-00
6. County: WELD
7. Well Name: RBF
Well Number: 14-15D
8. Location: QtrQtr: SESW Section: 15 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 01/28/2011	Date of First Production this formation: 08/02/2011
Perforations Top: 7500 Bottom: 7510	No. Holes: 41 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
CODELL PERFS 7500-7510 HOLES 41 SIZE .42 FRAC W/ MA844 SLICK WATER, 5348 BBL OF WATER, 90300# OF 30/50 SAND	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 08/03/2011 Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: 195 Mcf Gas: 180 Bbls H2O: 7 GOR: 923
Test Method: Flowing	Casing PSI: 1525 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: _____ API Gravity Oil: 45
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: _____	

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: 9/27/2011 Email: kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Name
400139522	FORM 5A SUBMITTED
400208942	CEMENT JOB SUMMARY
400208945	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)