

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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Date Received:

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

5. API Number 05-123-33212-00 6. County: WELD
 7. Well Name: SRC Pratt Well Number: 32-29D
 8. Location: QtrQtr: SENE Section: 29 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 06/11/2011 Date of First Production this formation: 08/26/2011
 Perforations Top: 8126 Bottom: 8142 No. Holes: 64 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
PERFS 8126 - 8142 HOLES 64 SIZE .38 FRAC CODELL W/ 113,715 GALLONS FLUID AND 251,140 LBS 20/40 WHITE SAND
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/27/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: Bbls oil: 167 Mcf Gas: 567 Bbls H2O: 113 GOR: 3395
 Test Method: Flowing Casing PSI: 1750 Tubing PSI: 1750 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1126 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8112 Tbg setting date: 01/02/2012 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: _____ Email: kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Name
400262442	CEMENT JOB SUMMARY
400262443	OTHER
400262444	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)