

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 with columns DE, ET, OE, ES

Document Number: 400245434

Date Received: 01/30/2012

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 City: PLATTEVILLE State: CO Zip: 80651 Fax: (970) 737-1045

5. API Number 05-123-32971-00 6. County: WELD
7. Well Name: SRC Pratt Well Number: 24-29D
8. Location: QtrQtr: SWSW Section: 29 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 04/30/2011 Date of First Production this formation: 08/12/2011

Perforations Top: 8114 Bottom: 8130 No. Holes: 64 Hole size: 0.42

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

PERFS 8114-8130 HOLES 64 SIZE .42 FRAC THE CODELL FORMATION WITH 5334 BBL OF STEM OIL, AND 89,318 LBS OF 30-50 OTTAWA SAND. THE FORMATION BROKE AT 3361 PSI.

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

Test Information:

Date: 08/13/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 129 Mcf Gas: 374 Bbls H2O: 66 GOR: 2899

Test Method: Flowing Casing PSI: 325 Tubing PSI: 2350 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1127 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8101 Tbg setting date: 09/06/2011 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: 1/30/2012 Email kthoren@syrinfo.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400245434	FORM 5A SUBMITTED
400246962	CEMENT JOB SUMMARY
400246963	OTHER
400246974	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	added tubing PSI of 2350 per operator.	3/22/2012 3:41:45 PM
Permit	ON HOLD: Requesting tubing PSI.	3/13/2012 1:48:23 PM

Total: 2 comment(s)