

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
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 05-123-30468-00
6. County: WELD
7. Well Name: Cletcher
Well Number: 12-21D
8. Location: QtrQtr: SENW Section: 21 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 02/07/2012 Date of First Production this formation: 02/22/2012

Perforations Top: 6250 Bottom: 6264 No. Holes: 56 Hole size: 0.42

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

PERFS 6250 - 6264 HOLES 56 SIZE .42 CODELL FRAC WITH 214,089 GALLONS TOTAL FLUID AND 125,080 LBS OF 30/50 WHITE SAND

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

Test Information:

Date: 02/22/2012 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 168 Mcf Gas: 4 Bbls H2O: 30 GOR: 24

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1100 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 32

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6237 Tbg setting date: 02/15/2012 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: Please CC crasmuson@syrginfo.com in all future correspondence to this form.

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@syrginfo.com

Attachment Check List

Att Doc Num	Name
400276537	CEMENT JOB SUMMARY
400276541	OTHER
400276545	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)