

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with 4 columns: DE, ET, OE, ES

Document Number: 400279464

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: Craig Rasmuson
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-34124-00
6. County: WELD
7. Well Name: Margil
Well Number: 14-34D
8. Location: QtrQtr: NWSW Section: 34 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 02/25/2012 Date of First Production this formation: 03/03/2012

Perforations Top: 7533 Bottom: 7547 No. Holes: 56 Hole size: 0.42

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

PERFS 7533 - 7547 HOLES 56 SIZE .42 FRAC CODELL WITH 211,764 GALLONS OF TOTAL FRAC FLUID AND 125,620 LBS 30/50 WHITE SAND

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

Test Information:

Date: 03/03/2012 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 83 Mcf Gas: 92 Bbls H2O: 77 GOR: 1108

Test Method: Flowing Casing PSI: 1425 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil:

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: Please Cc: crasmuson@syrinfo.com with any future correspondence on 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@syrinfo.com

Attachment Check List

Att Doc Num	Name
400279544	CEMENT JOB SUMMARY
400279549	OTHER
400279550	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)