

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 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: Brianne Visconti
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-13807-00
6. County: WELD
7. Well Name: LOEFFLER - UP
Well Number: 3-11
8. Location: QtrQtr: NENW Section: 11 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/19/2011 Date of First Production this formation: 12/28/2011

Perforations Top: 7220 Bottom: 7235 No. Holes: 60 Hole size: 0.38

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

PERFS 7220 - 7235 HOLES 60 SIZE .38 FRAC THE CODELL WITH 126,292 GAL OF FRESH WATER AND 135,580 LBS OF 20/40 WHITE SAND

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

Test Information:

Date: 12/28/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 66 Bbls H2O: 0 GOR: 33000

Test Method: FLOWING Casing PSI: 1309 Tubing PSI: 838 Choke Size: 25/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7205 Tbg setting date: 12/22/2011 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: please include kbrewer@syrginfo.com and crasmuson@syrginfo.com on all emails

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Brianne Visconti

Title: Administrator Date: Email bvisconti@syrginfo.com

Attachment Check List

| Att Doc Num | Name |
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