

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



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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: <input type="checkbox"/>	
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)