

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 columns DE, ET, OE, ES

Document Number: 400290364

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 05-123-13332-00
6. County: WELD
7. Well Name: BRIGGS
Well Number: 17-1
8. Location: QtrQtr: SWSE Section: 17 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/13/2011 Date of First Production this formation: 08/16/2011

Perforations Top: 7109 Bottom: 7440 No. Holes: 91 Hole size:

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

PERFS 7109 - 7440 HOLES 91 SIZE .38 FRAC THE CODELL WITH 131,902 GAL OF FRESH WATER AND 159,860 LBS OF 20/40 WHITE SAND

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

Test Information:

Date: 08/16/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 34 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1275 Tubing PSI: 1050 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7096 Tbg setting date: 08/16/2011 Packer Depth:

Reason for Non-Production:

N/A

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

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)