

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-33841-00 6. County: WELD 7. Well Name: Margil Well Number: 12-34D 8. Location: QtrQtr: NWNW Section: 34 Township: 4N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: 09/25/2011 End Date: Date of First Production this formation: 11/29/2011 Perforations Top: 7516 Bottom: 7530 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: PERFS 7516 - 7530 HOLES 56 SIZE .42 FRAC THE CODELL WITH 216,370 GALLONS FLUID AND 125,100 30/50 WHITE SAND

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/29/2011 Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: 126 Mcf Gas: 50 Bbl H2O: 22 GOR: 397 Test Method: Flowing Casing PSI: 1700 Tubing PSI: 1500 Choke Size: 12/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1333 API Gravity Oil: 45 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7505 Tbg setting date: 01/16/2012 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:

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: 3/20/2012 Email kthoren@syrinfo.com
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Attachment Check List

Att Doc Num	Name
400263304	FORM 5A SUBMITTED
400263351	CEMENT JOB SUMMARY
400263352	OTHER
400263353	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	The top of the Codell is 7516' the bottom is 7530' with 56 perms per operator. corrected form 5.	6/20/2012 2:26:10 PM
Permit	ON HOLD: requesting confirmation of Codell top.	6/19/2012 11:49:53 AM

Total: 2 comment(s)