



Receive Date:
10/23/2013

Document Number:
400501018

NOTICE OF NOTIFICATION

Entity Information

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|---|--|
| OGCC Operator Number: <u>10311</u> | Contact Person: <u>Brianne Visconti</u> |
| Company Name: <u>SYNERGY RESOURCES CORPORATION</u> | Phone: <u>(970) 737-1073</u> |
| Address: <u>20203 HIGHWAY 60</u> | Fax: <u>(970) 737-1073</u> |
| City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u> | Email: <u>bvisconti@syrginfo.com</u> |
| API #: <u>05 - 123 - 14885 - 00</u> Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>WOLFSON 23-16</u> | |
| Sec: <u>23</u> Twp: <u>4N</u> Range: <u>67W</u> QtrQtr: <u>SESE</u> | Lat: <u>40.292000</u> Long: <u>-104.850720</u> |

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: Flooded well, back on production

Date: 10/13/2013 Time: 12:35 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Brianne Visconti Email: bvisconti@syrginfo.com

Signature: Brianne Visconti Title: Administrator Date: 10/23/2013