

FORM
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Rev
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OGCC RECEPTION
Receive Date:
10/31/2013
Document Number:
400505475

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10311 Contact Person: Brianne Visconti
Company Name: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073
Address: 20203 HIGHWAY 60 Fax: (970) 737-1045
City: PLATTEVILLE State: CO Zip: 80651 Email: bvisconti@syrginfo.com
API #: 05 - 123 - 14734 - 00 Facility ID: _____ Location ID: _____
Facility Name: WOLFSON 26-10
Sec: 26 Twp: 4N Range: 67W QtrQtr: NWSE Lat: 40.281320 Long: -104.856630

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)
Describe Permit Condition: Flooded well, back on production.
Date: 10/29/2013 Time: 11:00 (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: _____ Title: _____ Date: 10/31/2013