

FORM
2
Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
400039645
Plugging Bond Surety
20090043

3. Name of Operator: SYNERGY RESOURCES CORPORATION 4. COGCC Operator Number: 10311

5. Address: 20203 HIGHWAY 60
City: PLATTEVILLE State: CO Zip: 80651

6. Contact Name: Ed Holloway Phone: (970)737-1073 Fax: (970)737-1045
Email: pm3rsandquist@aol.com

7. Well Name: SRC Northridge Well Number: 22-4D

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 7965

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 4 Twp: 5N Rng: 66W Meridian: 6
Latitude: 40.431371 Longitude: -104.783526

Footage at Surface: 2188 FNL/FSL FNL 2670 FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4741 13. County: WELD

14. GPS Data:

Date of Measurement: 12/14/2009 PDOP Reading: 2.2 Instrument Operator's Name: John C. Barickman

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL FNL 2234 FNL 2190 FWL 2234 FNL 2190 FWL
Sec: 4 Twp: 5N Rng: 66W Sec: 4 Twp: 5N Rng: 66W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 370 ft

18. Distance to nearest property line: 152 ft 19. Distance to nearest well permitted/completed in the same formation: 1466 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
J Sand	JSND		80	E/2NW/4
Niobrara/Codell	NB-CD	407-87	80	E/2NW/4

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
 NW/4, Sec.4, T5N, R66W

25. Distance to Nearest Mineral Lease Line: 490 ft 26. Total Acres in Lease: 160

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite
 Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	660	350	660	0
1ST	7+7/8	4+1/2	11.6	7,965	410	7,965	200

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments No Conductive Surface Casing Will Be Used. Location is outside the drilling window; exception granted by SUA. Well is in a high density area. Waivers obtained for WHOA period.

34. Location ID: 333286

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Craig Rasmuson

Title: Mgr. Land & Field Ops. Date: 2/17/2010 Email: craigasmuson@comcast.net

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 3/23/2010

API NUMBER
05 123 29620 00

Permit Number: _____ Expiration Date: 3/22/2011

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

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1) Provide 24 hour notice of MIRU to Bo Brown at 970-330-6085 or e-mail at bo.brown@state.co.us. 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log. 3) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name	Doc Description
1760614	WAIVERS	LF@2439458 1760614
400041195	MULTI-WELL PLAN	LF@2429897 400041195
400041196	WELL LOCATION PLAT	LF@2429898 400041196
400041197	EXCEPTION LOC REQUEST	LF@2429899 400041197
400041198	EXCEPTION LOC WAIVERS	LF@2427001 400041198
400041203	SURFACE OWNER CONSENT	LF@2427003 400041203
400041204	SURFACE AGRMT/SURETY	LF@2429900 400041204
400041252	DRILLING PLAN	LF@2429901 400041252
400041272	FORM 2 SUBMITTED	LF@2429902 400041272

Total Attach: 9 Files