

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400095134

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 4. Contact Name: Rhonda Sandquist
2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073
3. Address: 20203 HIGHWAY 60 City: PLATTEVILLE State: CO Zip: 80651 Fax: (970) 737-1045

5. API Number 05-123-29169-00 6. County: WELD
7. Well Name: MEYER Well Number: 2
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/09/2010 Date of First Production this formation: 04/13/2010

Perforations Top: 7118 Bottom: 7454 No. Holes: 324 Hole size:

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

NB PERF 7118-7319 HOLES 243 SIZE 0.42. CD PERF 7434-7454 HOLES 81 SIZE .038. FRAC NB W/7,775 GAL WATER FRAC G 30# - SBM. 506 GAL OF HCL. 169,123 GAL OF FR - 66 WATER. 359,840 GAL OF FR - 66 WATER CARRYING 202,568 LB OF SAND-PREMIUM WHITE - 30/50 BULK. FRAC CD W/88,319 GAL OF FR - 66 WATER. 130,904 GAL OF FR - 66 WATER CARRTUBG 79,807 LB OF SAND - PREMIUM - 30/50 BULK, SK.

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

Test Information:

Date: 04/04/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 68 Bbls H2O: 207 GOR: 8193

Test Method: Flowing Casing PSI: 1700 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1474 API Gravity Oil: 53

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: RHONDA SANDQUIST

Title: LAND ASSISTANT

Date: 11/10/2010

Email RSANDQUIST@SYRGINFO.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 1/11/2011

Attachment Check List

Att Doc Num	Name
400095134	FORM 5A SUBMITTED
400107676	WELLBORE DIAGRAM
400107767	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)