

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

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



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COMPLETED INTERVAL REPORT

Document Number:

400119810

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 Fax: (970) 737-1045
 City: PLATTEVILLE State: CO Zip: 80651

5. API Number 05-123-30037-00 6. County: WELD
 7. Well Name: SRC Well Number: 44-32D
 8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/06/2010 Date of First Production this formation: 01/23/2010

Perforations Top: 7802 Bottom: 7832 No. Holes: 121 Hole size: 0.38

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

JSAND PERF 7802-7832, Holes 121 SIZE .38, 4804 GAL OF FR - 66 WATER, 168829 GAL OF FR - 66 WATER CARRYING 88,636 LB OF SAND - PREMIUM - 30/50, BULD, SK (100009377) BH TREATING RATE WAS 58.1 BPM AND AVERAGE WH PRESSURE WAS 4460PSI. LIQUID LOAD TO RECOVER - 217,237.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/24/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 282 Bbls H2O: 166 GOR: 282

Test Method: Flowing Casing PSI: 1750 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 3132 API Gravity Oil: 0

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: 1/3/2011 Email rsandquist@syrinfo.com

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: 2/2/2011

Attachment Check List

Att Doc Num	Name
400119810	FORM 5A SUBMITTED
400120168	WELLBORE DIAGRAM
400120312	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)