

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400138027

COMPLETED INTERVAL REPORT

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

5. API Number 05-123-30742-00
6. County: WELD
7. Well Name: SRC STATE
Well Number: 16TD
8. Location: QtrQtr: NESW Section: 16 Township: 4N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 07/07/2010	Date of First Production this formation: 09/01/2010
Perforations Top: 7736 Bottom: 7760	No. Holes: 24 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
CODELL PERF 7736-7760 HOLES 24 SIZE .420 FRAC W/46,768 GAL OF FR - 66 WATER 171,549 GAL OF FR - 66 WATER CARRYING 944.88 LB OF SAND - PREMIUM - 30/50 BULK	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 09/02/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:	
Calculated 24 hour rate: Bbls oil: 162 Mcf Gas: 503 Bbls H2O: 0 GOR: 3105	
Test Method: Flowing Casing PSI: 2300 Tubing PSI: Choke Size: 12/64	
Gas Disposition: SOLD Gas Type: WET BTU Gas: 3038 API Gravity Oil: 49	
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:	
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400156447	CEMENT JOB SUMMARY
400156448	OTHER
400168285	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)