

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:
400138204

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: <u>10311</u>	4. Contact Name: <u>Kori Thoren</u>
2. Name of Operator: <u>SYNERGY RESOURCES CORPORATION</u>	Phone: <u>(970) 737-1073</u>
3. Address: <u>20203 HIGHWAY 60</u>	Fax: <u>(970) 737-1045</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	

5. API Number <u>05-123-31653-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SRC M&T Farms</u>	Well Number: <u>10TD</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/20/2010 Date of First Production this formation: 11/22/2010

Perforations Top: 7249 Bottom: 7266 No. Holes: 68 Hole size: 0.38

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

CODELL PERF 7249-7266 HOLES 68 SIZE 0.38 FRAC W/ 217040 GAL OF WATER 91380 LBS OF 40/70 WHITE SAND FORMATION BROKE AT 4475 PSI FINAL ISIP 3333

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 120 Bbls H2O: 45 GOR: 2400

Test Method: Flowing Casing PSI: 1650 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1212 API Gravity Oil: 54

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: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/03/2010 Date of First Production this formation: 10/14/2010

Perforations Top: 7722 Bottom: 7746 No. Holes: 96 Hole size: 0.38

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

J-SAND PERF 7722-7746 HOLES 96 SIZE 0.38 FRAC W/ 421 BBL OF STEMOIL SLICKWATER, 92893 LBS OF 30/50 OTTAWA SAND, J-SAND FORMATION BROKE AT 2850 PSI FINAL ISIP 2901 PSI

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/14/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1090 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 29 API Gravity Oil: 54

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Set bridge plug and fraced the Codell for economic reasons

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: Kori Thoren

Title: Land Assistant Date: _____ kthoren@syrinfo.com

Email
:

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
400195480	OTHER
400195481	CEMENT JOB SUMMARY
400195488	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)