

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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Document Number:
400262764

Date Received:

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, reoperation 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: Kori Thoren
 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 05-123-33842-00 6. County: WELD
 7. Well Name: Margil Well Number: 22-34D
 8. Location: QtrQtr: SWNW Section: 34 Township: 4N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 09/17/2011 Date of First Production this formation: 11/29/2011

Perforations Top: 7532 Bottom: 7546 No. Holes: 56 Hole size: 0.42

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

PERFS 7532 - 7546 HOLES 56 SIZE .42 FRAC CODELL WITH 213,124 GALLONS FLUID AND 125,200 LBS 30/50 WHITE SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/29/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 121 Mcf Gas: 33 Bbls H2O: 23 GOR: 273

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 1000 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1321 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7508 Tbg setting date: 01/03/2012 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: Kori Thoren

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

Attachment Check List

Att Doc Num	Name
400262841	CEMENT JOB SUMMARY
400262842	OTHER
400262845	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)