

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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, 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: Craig Rasmuson
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-33827-00
6. County: WELD
7. Well Name: SRC Haythorn
Well Number: 32-36D
8. Location: QtrQtr: NENE Section: 36 Township: 7N Range: 66W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 11/15/2011	Date of First Production this formation: 01/05/2012
Perforations Top: 7528 Bottom: 7540	No. Holes: 48 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
PERFS 7528 - 7540 HOLES 48 SIZE .42 FRAC CODELL WITH 208,656 GALLONS TOTAL FRAC FLUID AND 125,600 LBS 30/50 WHITE SAND	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 01/05/2012 Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: 36 Mcf Gas: 12 Bbls H2O: 5 GOR: 333
Test Method: Flowing	Casing PSI: 1650 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1287 API Gravity Oil: 47
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:

Please Cc: crasmuson@syrginfo.com with any future correspondence on this form.

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@syrginfo.com

Attachment Check List

Att Doc Num	Name
400278320	CEMENT JOB SUMMARY
400278330	OTHER
400278336	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)