

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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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: Brianne Visconti
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-15542-00
6. County: WELD
7. Well Name: WOLFSON
Well Number: 26-6
8. Location: QtrQtr: SENW Section: 26 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/21/2011</u>	Date of First Production this formation: <u>06/07/2011</u>
Perforations Top: <u>7135</u> Bottom: <u>7158</u>	No. Holes: <u>92</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PERFS 7135 - 7158 92 HOLES SIZE .41 CODELL REFRAC W/ 168,647 GAL OF FR-66 WATER 28,225 LBS OF 30/50 SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/07/2011</u> Hours: <u></u>	Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate:	Bbls oil: <u>8</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u> GOR: <u>5286</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1150</u> Tubing PSI: <u>1000</u> Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1269</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7150</u>	Tbg setting date: <u>05/25/2011</u> Packer Depth: <u></u>
Reason for Non-Production:	
<u>N/A</u>	
Date formation Abandoned: <u></u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>	Sacks cement on top: <u></u>

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Brianne Visconti

Title: Administrator Date: Email: bvisconti@syrinfo.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)