

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 05-123-14734-00
6. County: WELD
7. Well Name: WOLFSON
Well Number: 26-10
8. Location: QtrQtr: NWSE Section: 26 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 08/12/2011	Date of First Production this formation: 08/22/2011
Perforations Top: 7150 Bottom: 7164	No. Holes: 56 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PERFS 7150 - 7164 HOLES 56 SIZE .38 FRAC CODELL WITH 129,158 GAL OF FRESH WATER AND 162,520 LBS OF 30/50 WHITE SAND	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 08/22/2011 Hours:	Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 0
Test Method: FLOWING	Casing PSI: 1200 Tubing PSI: 950 Choke Size: 26/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1290 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7135	Tbg setting date: 08/15/2011 Packer Depth:
Reason for Non-Production:	
N/A	
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 include kbrewer@syrginfo.com and crasmuson@syrginfo.com

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@syrginfo.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)