

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400290605

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 4. Contact Name: Brianne Visconti
 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 05-123-20117-00 6. County: WELD
 7. Well Name: IMOGENE Well Number: 2
 8. Location: QtrQtr: NWNE Section: 14 Township: 6N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 08/06/2011 Date of First Production this formation: 08/17/2011
 Perforations Top: 7106 Bottom: 7122 No. Holes: 40 Hole size: _____
 Provide a brief summary of the formation treatment: Open Hole:
PERFS 7106 - 7122 HOLES 40 SIZE ?? FRAC THE CODELL WITH 140,659 GAL WATER AND 245,000 LBS 20/40 SAND
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/17/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 2 Bbls H2O: 0 GOR: 222
 Test Method: FLOWING Casing PSI: 1275 Tubing PSI: 1050 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 50
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7091 Tbg setting date: 08/11/2011 Packer Depth: _____
 Reason for Non-Production:
N/A
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: please include kbrewer@syrginfo.com and crasumuson@syrginfo.com in all emails

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)