

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-123-34053-00
6. County: WELD
7. Well Name: Klein Well Number: 34-8D
8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/05/2012 End Date: 03/05/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 7208 Bottom: 7222 No. Holes: 56 Hole size:

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

PERFS 7208-7222 HOLES 56 SIZE .42 FRAC THE CODELL WITH 209,761 GAL OF FR WATER AND 126,260 LBS OF 30/50 WHITE SAND

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): 4733

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/19/2012 Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 47 Mcf Gas: 92 Bbl H2O: 49 GOR: 1957

Test Method: FLOWING Casing PSI: 1175 Tubing PSI: 950 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1182 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7193 Tbg setting date: 01/25/2012 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: ** Wireline and Cement Job Summary must be attached.

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
400304029	OTHER
400304036	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)