

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400277491 Date Received: 04/30/2012

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: Craig Rasmuson 2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073 3. Address: 20203 HIGHWAY 60 City: PLATTEVILLE State: CO Zip: 80651 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 Type: Treatment Date: 11/15/2011 End Date: 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: [ ]

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: [ ] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): 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: 01/05/2012 Hours: 24 Bbl oil: 36 Mcf Gas: 12 Bbl H2O: 5 Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 12 Bbl 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: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

Please Cc: crasmuson@syrinfo.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: 4/30/2012 Email kthoren@syrinfo.com  
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### Attachment Check List

Att Doc Num	Name
400277491	FORM 5A SUBMITTED
400278320	CEMENT JOB SUMMARY
400278330	CEMENT JOB SUMMARY
400278336	WELLBORE DIAGRAM

Total Attach: 4 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Input gas test data per operator.	3/2/2012 6:38:04 AM
Permit	On Hold pending form 5 approval.	7/25/2012 2:02:12 PM

Total: 2 comment(s)