

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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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: Craig Rasmuson
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-34253-00
6. County: WELD
7. Well Name: SRC Leffler
Well Number: 13-26D
8. Location: QtrQtr: NWSW Section: 26 Township: 7N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 01/21/2012 End Date: Date of First Production this formation: 01/24/2012
Perforations Top: 7397 Bottom: 7411 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: []

PERFS 7397 - 7411 HOLES 56 SIZE .42 FRAC CODELL WITH 46,908 GAL OF FR-66 WATER CLAWEB VICON, 118,081 GAL OF FR-66 WATER CLAWEB VICON CARRYING 1164.71 LBS 30/50 SAND

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/24/2012 Hours: 24 Bbl oil: 44 Mcf Gas: 22 Bbl H2O: 13
Calculated 24 hour rate: Bbl oil: 44 Mcf Gas: 22 Bbl H2O: 13 GOR: 500
Test Method: Flowing Casing PSI: 900 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1287 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7382 Tbg setting date: 04/09/2012 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:

Please Cc: crasmuson@syrginfo.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@syrginfo.com
:

Attachment Check List

Att Doc Num	Name
400278738	FORM 5A SUBMITTED
400278782	CEMENT JOB SUMMARY
400278786	CEMENT JOB SUMMARY
400278787	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Input gas information per operator.	3/2/2012 6:52:59 AM
Permit	On hold requested test information.	3/1/2012 7:43:47 AM

Total: 2 comment(s)