

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 4. Contact Name: Brianne Visconti
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 05-123-15542-00 6. County: WELD
7. Well Name: WOLFSON Well Number: 26-6
8. Location: QtrQtr: SENW Section: 26 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 05/21/2011 End Date: Date of First Production this formation: 06/07/2011
Perforations Top: 7135 Bottom: 7158 No. Holes: 92 Hole size:

Provide a brief summary of the formation treatment: Open Hole:
PERFS 7135 - 7158 92 HOLES SIZE .41 CODELL REFRAC W/ 168,647 GAL OF FR-66 WATER 28,225 LBS OF 30/50 SAND

This formation is commingled with another formation: Yes 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: 06/07/2011 Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 37 Bbl H2O: 0 GOR: 5286
Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 1000 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1269 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7150 Tbg setting date: 05/25/2011 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: ** 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: 5/24/2012 Email: bvisconti@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400287708	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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