

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

5. API Number 05-123-14573-00
6. County: WELD
7. Well Name: WOFLSON
Well Number: 26-1
8. Location: QtrQtr: NENE Section: 26 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 07/16/2011 End Date: Date of First Production this formation: 07/25/2011

Perforations Top: 7178 Bottom: 7190 No. Holes: 48 Hole size:

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

PERFS 7178 - 7190 HOLES 48 SIZE .38 FRAC THE CODELL WITH 140,040 GAL FR-66 WATER AND 250,000LBS OF 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):
Min 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: 07/26/2011 Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 40 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1151 Tubing PSI: 950 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6861 Tbg setting date: 07/20/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7301 ** 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

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 400288637 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|--------------------------|
| Permit | Operator confirmed there is tubing in the hole. | 10/11/2012 3:57:01 PM |
| Permit | No tubing on original wellbore diagram. No sundry to add tubing. Old style form 5 document number 157301 dated 7/24/90 | 8/14/2012 10:16:08 AM |

Total: 2 comment(s)