

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400339555

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, reoperation 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 05-123-35152-00
6. County: WELD
7. Well Name: Margil
Well Number: 34PD
8. Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/04/2012 End Date: Date of First Production this formation:
Perforations Top: 7592 Bottom: 7610 No. Holes: 73 Hole size: 4

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

Frac the Codell and set a CIBP

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

Total fluid used in treatment (bbl): 5049 Max pressure during treatment (psi): 6000
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min 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): 116 Disposition method for flowback:
Total proppant used (lbs): 175380 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: The Codell was TA due to economic and geological reasons

Date formation Abandoned: 08/04/2012 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7510 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORBARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/04/2012 End Date: _____ Date of First Production this formation: 08/18/2012
Perforations Top: 7279 Bottom: 7466 No. Holes: 75 Hole size: 3

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac the Niobrara

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3237 Max pressure during treatment (psi): 6000

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

Type of gas used in treatment: _____ Min 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): 250320 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/18/2012 Hours: 24 Bbl oil: 42 Mcf Gas: 5 Bbl H2O: 150

Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 5 Bbl H2O: 150 GOR: 119

Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1050 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 1167

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: _____

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@syrginfo.com

Attachment Check List

Att Doc Num	Name
400339579	WIRELINE JOB SUMMARY
400339580	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)