

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

09/05/2014

Document Number:

400680025

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10311</u>	Contact Person: <u>Brianne Visconti</u>
Company Name: <u>SYNERGY RESOURCES CORPORATION</u>	Phone: <u>(970) 737-1073</u>
Address: <u>20203 HIGHWAY 60</u>	Fax: <u>(970) 737-1045</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	Email: <u>bvisconti@syrinfo.com</u>
API #: <u>05 - 123 - 13753 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>ANDERSON 1-13</u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>13</u> Twp: <u>6N</u> Range: <u>65W</u> QtrQtr: <u>NENE</u>	Lat: <u>40.491335</u> Long: <u>-104.604126</u>

OFFSET MITIGATION COMPLETED

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-39507

Appropriate documentation for mitigation has been/will be submitted.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: <u>Brianne Visconti</u>	Email: <u>bvisconti@syrinfo.com</u>
Signature: <u>Brianne Visconti</u>	Title: <u>Operations Administrator</u> Date: <u>09/05/2014</u>