

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:  
**09/23/2014**

Document Number:  
**400694137**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10311 Contact Person: Brianne Visconti  
Company Name: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073  
Address: 20203 HIGHWAY 60 Fax: (970) 737-1045  
City: PLATTEVILLE State: CO Zip: 80651 Email: bvisconti@syrginfo.com  
API #: 05 - 123 - 13785 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SHABLE 1-7  Submit By Other Operator  
Sec: 7 Twp: 4N Range: 66W QtrQtr: NENE Lat: 40.332590 Long: -104.814144

**OFFSET MITIGATION COMPLETED**

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-39558  
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: Brianne Visconti Email: bvisconti@syrginfo.com  
Signature: Brianne Visconti Title: Operations Administrator Date: 09/23/2014