



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10311</u>	Contact Name and Telephone:
Name of Operator: <u>SYNERGY RESOURCES CORPORATION</u>	Name: <u>Spring Heald</u>
Address: <u>20203 HIGHWAY 60</u>	Phone: <u>(720) 616-4300</u> Fax: <u>( )</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	Email: <u>sheald@syrginfo.com</u>

**OPERATOR COMMENTS AND SUBMITTAL**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Spring Heald

Title: Production Accountant Date: 2/25/2016 Email: sheald@syrginfo.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

**Monthly Report of Operations**

Submitted Items Summary Totals:

Submitted: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	087-08192-00	CONRAD #44-1GHZ	GRNHN	WO
Report Month: 09/2015				
2	087-08192-00	CONRAD #44-1GHZ	GRNHN	WO

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

## Attachment Check List

**Att Doc Num**

**Name**

400995585

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)