



**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>1625 BROADWAY SUITE 300</u>                | Phone: <u>(720) 616-4300</u> Fax: <u>(720) 616-4301</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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: 2/12/2017 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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

| No                    | API #        | Well Name               | Formation Code | Well Status |
|-----------------------|--------------|-------------------------|----------------|-------------|
| Report Month: 07/2015 |              |                         |                |             |
| 1                     | 123-34647-00 | BESTWAY #B-2-11-14NBHZM | NBRR           | DG          |

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**

|           |               |
|-----------|---------------|
| 401208095 | Imported Data |
|-----------|---------------|

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)