

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reperforation 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 05-123-35488-00
6. County: WELD
7. Well Name: Coyle
Well Number: 31-34D
8. Location: QtrQtr: NWNE Section: 34 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2012 End Date: 10/23/2012 Date of First Production this formation: 11/23/2012

Perforations Top: 7475 Bottom: 7493 No. Holes: 72 Hole size: 0.42

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

Codell Slickwater Frac with a total of 195,927 gal of water, 12,660 lbs of 40/70 white sand, and 162,580 30/50 white sand.

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

Total fluid used in treatment (bbl): 4665 Max pressure during treatment (psi): 5486
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 2.00
Type of gas used in treatment: Min frac gradient (psi/ft): 0.80
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1555
Fresh water used in treatment (bbl): 4665 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 175240 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/23/2012 Hours: 24 Bbl oil: 79 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 79 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1100 Tubing PSI: 950 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 53
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7460 Tbg setting date: 11/09/2012 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: 1/3/2013 Email: bvisconti@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400364475	FORM 5A SUBMITTED
400364496	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	FracFocus data was uploaded 1/3/13.	1/17/2013 2:55:38 PM
Permit	Requested FracFocus data from opr. Form on hold.	1/14/2013 3:42:11 PM

Total: 2 comment(s)