

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400095134

**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 4. Contact Name: Rhonda Sandquist  
2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073  
3. Address: 20203 HIGHWAY 60 Fax: (970) 737-1045  
City: PLATTEVILLE State: CO Zip: 80651

5. API Number 05-123-29169-00 6. County: WELD  
7. Well Name: MEYER Well Number: 2  
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 04/09/2010 Date of First Production this formation: 04/13/2010  
Perforations Top: 7118 Bottom: 7454 No. Holes: 324 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: Open Hole: ☐  
NB PERF 7118-7319 HOLES 243 SIZE 0.42. CD PERF 7434-7454 HOLES 81 SIZE .038. FRAC NB W/7,775 GAL WATER FRAC G 30# - SBM. 506 GAL OF HCL. 169,123 GAL OF FR - 66 WATER. 359,840 GAL OF FR - 66 WATER CARRYING 202,568 LB OF SAND-PREMIUM WHITE - 30/50 BULK. FRAC CD W/88,319 GAL OF FR - 66 WATER. 130,904 GAL OF FR - 66 WATER CARRTUBG 79,807 LB OF SAND - PREMIUM - 30/50 BULK, SK.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/04/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 68 Bbls H2O: 207 GOR: 8193  
Test Method: Flowing Casing PSI: 1700 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1474 API Gravity Oil: 53  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_

Comment:

\_\_\_\_\_

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

Signed: \_\_\_\_\_

Print Name: RHONDA SANDQUIST

Title: LAND ASSISTANT

Date: 11/10/2010

Email RSANDQUIST@SYRGINFO.COM

:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 1/11/2011

### **Attachment Check List**

Att Doc Num	Name
400095134	FORM 5A SUBMITTED
400107676	WELLBORE DIAGRAM
400107767	CEMENT JOB SUMMARY

Total Attach: 3 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)