

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400119810

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 05-123-30037-00

6. County: WELD

7. Well Name: SRC

Well Number: 44-32D

8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND

Status: PRODUCING

Treatment Date: 01/06/2010

Date of First Production this formation: 01/23/2010

Perforations	Top:	7802	Bottom:	7832	No. Holes:	121	Hole size:	0.38
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Provide a brief summary of the formation treatment:

Open Hole:

JSAND PERF 7802-7832, Holes 121 SIZE .38, 4804 GAL OF FR - 66 WATER, 168829 GAL OF FR - 66 WATER CARRYING 88,636 LB OF SAND - PREMIUM - 30/50, BULD, SK (100009377) BH TREATING RATE WAS 58.1 BPM AND AVERAGE WH PRESSURE WAS 4460PSI. LIQUID LOAD TO RECOVER - 217,237.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	01/24/2010	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	282	Bbls H2O:	166	GOR:	282
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Test Method: Flowing	Casing PSI: 1750	Tubing PSI:	Choke Size: 14/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	3132	API Gravity Oil:	0
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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: 1/3/2011 Email rsandquist@syrqinfo.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: 2/2/2011

Attachment Check List

Att Doc Num	Name
400119810	FORM 5A SUBMITTED
400120168	WELLBORE DIAGRAM
400120312	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)