

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



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COMPLETED INTERVAL REPORT

Document Number:

400137625

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 05-123-30036-00 6. County: WELD
 7. Well Name: SRC Well Number: 34-32
 8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 12/31/2010 Date of First Production this formation: 01/01/2011

Perforations Top: 7155 Bottom: 7165 No. Holes: 41 Hole size: 0.42

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

CODELL PERF 7155-7165 HOLES 41 SIZE .420 FRAC W/33,666 GAL OF FR-66 WATER DL. 177,691 GAL OF FR-66 WATER DL CARRYING 894.65 LB OF 100LB SAND-PREMIUM-30/50 BULK SK. 13,414 GAL OF WATER FRAC G 30# SBM

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/02/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 126 Mcf Gas: 267 Bbls H2O: 48 GOR: 2119

Test Method: Flowing Casing PSI: 1520 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 5293 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7144 Tbg setting date: 04/06/2011 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: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 12/30/2009 Date of First Production this formation: 01/22/2010

Perforations Top: 7552 Bottom: 7580 No. Holes: 113 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

JSAND PERF 7552-7580 HOLES 113 SIZE .380 FRAC W/47,768 GAL OF FR-66 WATER. 169,614 GAL OF FR-66 WATER CARRYING 927.72 LB OF 100LB SAND-PREMIUM-30/50 BULK SK.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/23/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 501 Bbls H2O: 240 GOR: 0

Test Method: Flowing Casing PSI: 1540 Tubing PSI: _____ Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 3132 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7541 Tbg setting date: 01/09/2010 Packer Depth: _____

Reason for Non-Production:

Set bridge plug and fraced the Codell for economic reasons

Date formation Abandoned: 12/30/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7250 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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400146334	CEMENT JOB SUMMARY
400149853	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)