

**FORM
5A**Rev
02/08State 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: <u>CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>12/31/2010</u>		Date of First Production this formation: <u>01/01/2011</u>		
Perforations	Top: <u>7155</u>	Bottom: <u>7165</u>	No. Holes: <u>41</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>01/02/2011</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u>126</u>	Mcf Gas: <u>267</u>	Bbls H2O: <u>48</u> GOR: <u>2119</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1520</u>	Tubing PSI: <u> </u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>5293</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7144</u>	Tbg setting date: <u>04/06/2011</u>	Packer Depth: <u> </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>		

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

User Group	Comment	Comment Date

Total: 0 comment(s)