

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

COMPLETED INTERVAL REPORT

Document Number:

400137657

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 05-123-30461-00 6. County: WELD  
 7. Well Name: SRC TK Well Number: 22-36D  
 8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: PRODUCING  
 Treatment Date: 04/24/2010 Date of First Production this formation: 05/08/2010  
 Perforations Top: 7694 Bottom: 7708 No. Holes: 56 Hole size: 0.42  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
CODELL PERF 7694-7708 HOLES56 SIZE .420 FRAC W/13,521 GAL OF FR - 66 WATER 202,734 GAL OF FR - 66 WATER CARRYING 857.60 LB OF SAND - PREMIUM - 30/50 BULK  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 05/09/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 62 Mcf Gas: 58 Bbls H2O: 0 GOR: 936  
 Test Method: Flowing Casing PSI: 550 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 3053 API Gravity Oil: 45  
 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: \_\_\_\_\_ 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
400153069	CEMENT JOB SUMMARY
400153070	OTHER
400165724	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)