

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

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 05-123-30743-00 6. County: WELD  
 7. Well Name: SRC STATE Well Number: 33-16D  
 8. Location: QtrQtr: NESW Section: 16 Township: 4N Range: 67W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 07/01/2010 Date of First Production this formation: 09/13/2010

Perforations Top: 7400 Bottom: 7422 No. Holes: 88 Hole size: 0.42

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

CODELL PERF 7400-7422 HOLES 88 SIZE .420 FRAC W/46,593 GAL OF FR - 66 WATER 169,459 GAL OF FR - 66 WATER CARRYING 900.61 LB OF SAND - PREMIUM - 30/50 BULK

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 09/14/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 200 Mcf Gas: 376 Bbls H2O: 20 GOR: 1880

Test Method: Flowing Casing PSI: 2525 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 3272 API Gravity Oil: 50

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@syrinfo.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
400156892	OTHER
400160746	CEMENT JOB SUMMARY
400168440	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)