

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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Document Number:

400138147

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: Kori Thoren  
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 05-123-31724-00 6. County: WELD  
7. Well Name: SRC M&T Farms Well Number: 10DD  
8. Location: QtrQtr: SWSE Section: 10 Township: 6N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/28/2010 Date of First Production this formation: 09/19/2010  
Perforations Top: 7277 Bottom: 7294 No. Holes: 68 Hole size: 0.41

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

CODELL PERF 7277-7294 HOLES 68 SIZE 0.41 FRAC W/ 90,680 LBS OF 30-50 OTTAWA SAND, AND 5237 BBL OF STIMOIL SLICK WATER. THE CODELL FORMATION BROKE DOWN AT 4831 PSI, AND TREATED AT 59.3 BPM AND AN AVERAGE PRESSURE OF 5135 PSI. THE ISIP WAS 3534 PSI, 5: 3465.

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

Test Information:

Date: 09/16/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: Bbls oil: 130 Mcf Gas: 211 Bbls H2O: 163 GOR: 1623  
Test Method: Flowing Casing PSI: 1550 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 2428 API Gravity Oil: 49  
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: Kori Thoren

Title: Land Assistant Date: \_\_\_\_\_ Email: kthoren@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
400193936	CEMENT JOB SUMMARY
400193937	OTHER
400193940	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)