

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.

Document Number:

400138154

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 05-123-31713-00	6. County: WELD
7. Well Name: SRC M&T Farms	Well Number: 34-10
8. Location: QtrQtr: SWSE Section: 10 Township: 6N Range: 65W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/23/2010</u>		Date of First Production this formation: <u>11/29/2010</u>	
Perforations	Top: <u>7141</u> Bottom: <u>7156</u>	No. Holes: <u>61</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CODELL PERFS 7141-7156 HOLES 61 SIZE 0.38 FRAC W/88119 GAL OF FR - 66 WATER 122273 GAL OF FR - 66 WATER CARRYING 686.39 100*LB OF SAND - PREMIUM - 30/50 BULK SK			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>11/29/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>81</u>	Mcf Gas: <u>79</u> Bbls H2O: <u>0</u> GOR: <u>975</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1983</u>	API Gravity Oil: <u>49</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>09/01/2010</u>		Date of First Production this formation: <u>11/29/2010</u>	
Perforations	Top: <u>7584</u> Bottom: <u>7660</u>	No. Holes: <u>130</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J-SND PERFS 7584-7660 HOLES 130 SIZE 0.38 FRAC W/274 GAL OF WATER FRAC G 30# - SBM 35446 GAL OF FR - 56 WATER - SBM 173102 GAL OF FR - 56 WATER - SBM CARRYING 925.92 100*LB OF SAND - PREMIUM - 30/50 BULK SK			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>11/30/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>81</u>	Mcf Gas: <u>79</u> Bbls H2O: <u>0</u> GOR: <u>975</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1983</u>	API Gravity Oil: <u>49</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; padding: 5px; min-height: 20px;">Set bridge plug and fraced the Codell for economic reasons</div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ kthoren@syrinfo.com

Email
:

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
400194266	CEMENT JOB SUMMARY
400194267	OTHER
400194338	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)