

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:

400139526

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  
2. Name of Operator: SYNERGY RESOURCES CORPORATION  
3. Address: 20203 HIGHWAY 60  
City: PLATTEVILLE State: CO Zip: 80651  
4. Contact Name: Kori Thoren  
Phone: (970) 737-1073  
Fax: (970) 737-1045

5. API Number 05-123-31988-00  
6. County: WELD  
7. Well Name: RBF  
Well Number: 15B  
8. Location: QtrQtr: SESW Section: 15 Township: 6N Range: 67W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 01/23/2011	Date of First Production this formation: 08/03/2011
Perforations Top: 7173 Bottom: 7193	No. Holes: 80 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PERFS 7173-7193 HOLES 80 SIZE .38 FRAC W/93606# 30/50 SAND AND 5384 BBL OF SLICK WATER	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 08/04/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:	
Calculated 24 hour rate: Bbls oil: 261 Mcf Gas: 230 Bbls H2O: 7 GOR: 881	
Test Method: Flowing Casing PSI: 2100 Tubing PSI: Choke Size: 16/64	
Gas Disposition: SOLD Gas Type: WET BTU Gas: API Gravity Oil: 46	
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:	
Reason for Non-Production:	
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: 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
400208955	CEMENT JOB SUMMARY
400208956	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)