

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
----	----	----	----

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: WATTENBERG Field Code: 90750

**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: ☐

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: ☐ Yes ☒ No

**Test Information:**

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: ☐ 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: 9/27/2011 Email: kthoren@syrinfo.com

\_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400139526	FORM 5A SUBMITTED
400208955	CEMENT JOB SUMMARY
400208956	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)