

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:

400238388

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 05-123-32857-00
6. County: WELD
7. Well Name: SRC Pratt
Well Number: 29PD
8. Location: QtrQtr: SESE Section: 29 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELLStatus: PRODUCINGTreatment Date: 06/25/2011Date of First Production this formation: 07/02/2011Perforations Top: 8106 Bottom: 8120 No. Holes: 56 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 8106-8120 HOLES 56 SIZE .38 FRAC CODELL W/203,451 GAL FRESH WATER AND 132,810 LBS 30/50 OTTAWA SAND. FORMATION BROKE @ 2879 PSI. INJ RATE = 4.5 BBL/MIN

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/02/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____Calculated 24 hour rate: _____ Bbls oil: 21 Mcf Gas: 33 Bbls H2O: 79 GOR: 1571Test Method: Flowing Casing PSI: 2300 Tubing PSI: _____ Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 48Tubing Size: 2 + 3/8 Tubing Setting Depth: 8214 Tbg setting date: 06/28/2011 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: _____

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 03/28/2011Date of First Production this formation: 04/16/2011Perforations Top: 8666 Bottom: 8674 No. Holes: 49 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 8666 - 8674 HOLES 49 SIZE .42 SLICKWATER FRAC THE J-SAND. FORMATION BROKE AT 2175 PSI, AND TREATED AT AN AVERAGE RATE OF 62.7 BPM, AVERAGE TREATMENT PRESSURE 4185 PSI, TOTAL FLUID PUMPED WAS 5432 BBL, THE TOTAL PROPPANT WAS 89.663 LBS OF 30-50 OTTAWA SAND

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/17/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 167 Bbls H2O: 172 GOR: 0Test Method: Flowing Casing PSI: 1830 Tubing PSI: _____ Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 48

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Set the bridge plug and fraced the Codell for economic reasons.

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

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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
400238840	CEMENT JOB SUMMARY
400238841	OTHER
400238847	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)