

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:

400239332

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 05-123-32988-00	6. County: WELD
7. Well Name: SRC Pratt	Well Number: 14-29D
8. Location: QtrQtr: SWSW Section: 29 Township: 1N Range: 68W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 04/30/2011 Date of First Production this formation: 08/12/2011

Perforations Top: 8089 Bottom: 8109 No. Holes: 80 Hole size: 0.42

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

PERFS 8089-8109 HOLES 80 SIZE .42 FRAC THE CODELL W/ 5408 BBL OF STEM OIL AND 92953 LBS OF 30/50 OTTAWA SAND. FORMATION BROKE AT 3995 PSI, AND TREATED AT 61.9 BPM.

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

Test Information:

Date: 08/13/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 136 Mcf Gas: 439 Bbls H2O: 66 GOR: 3228

Test Method: Flowing Casing PSI: 1910 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 48

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

Reason for Non-Production: _____

Set bridge plug and fraced the Niobrara for economic reasons

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/01/2011 Date of First Production this formation: 11/07/2011

Perforations Top: 7688 Bottom: 7961 No. Holes: 87 Hole size: 0.42

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

PERFS 7688 - 7961 HOLES 87 SIZE .42 FRAC NIOBRARA W/ 173,640 GAL OF FR-66 WATER CLAWEB CARRYING 2058.53 100*LB OF SAND - PREMIEUM - 30/50 BULK

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

Test Information:

Date: 11/09/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 69 Mcf Gas: 136 Bbls H2O: 171 GOR: 1971

Test Method: Flowing Casing PSI: 1700 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 51

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: _____ 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
400240419	CEMENT JOB SUMMARY
400240422	OTHER
400240488	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)