

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:

400240819

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: <u>10311</u>                       | 4. Contact Name: <u>Kori Thoren</u> |
| 2. Name of Operator: <u>SYNERGY RESOURCES CORPORATION</u>   | Phone: <u>(970) 737-1073</u>        |
| 3. Address: <u>20203 HIGHWAY 60</u>                         | Fax: <u>(970) 737-1045</u>          |
| City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u> |                                     |

|  |                            |
|--|----------------------------|
| 5. API Number <u>05-123-32981-00</u>   | 6. County: <u>WELD</u>     |
| 7. Well Name: <u>SRC Pratt</u>   | Well Number: <u>13-29D</u> |
| 8. Location: QtrQtr: <u>SWSW</u> Section: <u>29</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u> |                            |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>  |                            |

**Completed Interval**FORMATION: CODELLStatus: PRODUCINGTreatment Date: 11/06/2011Date of First Production this formation: 11/10/2011Perforations Top: 8040 Bottom: 8051 No. Holes: 44 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 8040-8051 HOLES 44 SIZE .42 FRAC THE CODELL W/212,666 FRESH WATER AND 195,224 LBS OF 30-50 WHITE SAND FORMATION BROKE @ 3720 PSI INJ RATE 4.7 BBL/MIN

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/11/2011 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 47 Mcf Gas: 34 Bbls H2O: 0 GOR: 723Test Method: Flowing Casing PSI: 1850 Tubing PSI: \_\_\_\_\_ Choke Size: 16/24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1125 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 8530 Tbg setting date: 08/23/2011 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: 05/07/2011Date of First Production this formation: 08/12/2011Perforations Top: 8542 Bottom: 8552 No. Holes: 40 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 8542 - 8552 HOLES 40 SIZE .41 FRAC THE J SAND FORMATION WITH 5352 BBL OF STEM OIL AND 91,492 LBS OF 30-50 OTTAWA SAND. THE FORMATION BROKE AT 2691 PSI, AND TREATED AT 64.4 BPM, ATP 4275 PSI

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: 0 Mcf Gas: 238 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: 16/24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1125 API Gravity Oil: 51

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Set 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 ThorenTitle: 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               |
|-------------|--------------------|
| 400241711   | CEMENT JOB SUMMARY |
| 400241712   | OTHER              |
| 400241713   | WELLBORE DIAGRAM   |

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)