

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:

400245434

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 05-123-32971-00

6. County: WELD

7. Well Name: SRC Pratt

Well Number: 24-29D

8. Location: QtrQtr: SWSW Section: 29 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: PRODUCING
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Treatment Date:	04/30/2011	Date of First Production this formation:	08/12/2011
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Perforations	Top:	8114	Bottom:	8130	No. Holes:	64	Hole size:	0.42
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Provide a brief summary of the formation treatment: Open Hole: ☐

PERFS 8114-8130 HOLES 64 SIZE .42 FRAC THE CODELL FROMATION WITH 5334 BBL OF STEM OIL, AND 89,318 LBS OF 30-50 OTTAWA SAND. THE FORMATION BROKE AT 3361 PSI.

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

Test Information:

Date:	08/13/2011	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:
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Calculated 24 hour rate:	Bbls oil:	129	Mcf Gas:	374	Bbls H2O:	66	GOR:	2899
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Test Method: Flowing	Casing PSI: 325	Tubing PSI:	Choke Size: 14/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1127	API Gravity Oil:	47
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 8101 Tbg setting date: 09/06/2011 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: _____

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@syrqinfo.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
400246962	CEMENT JOB SUMMARY
400246963	OTHER
400246974	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)