

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:
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Date Received:

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 05-123-33205-00
6. County: WELD
7. Well Name: SRC Pratt
Well Number: 41-29D
8. Location: QtrQtr: SENE Section: 29 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 06/25/2011 Date of First Production this formation: 08/26/2011

Perforations 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/ 132,810 LBS 30/50 WHITE AND 203451 GAL FRESH WATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/27/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 78 Mcf Gas: 229 Bbls H2O: 68 GOR: 2936

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

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1127 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8093 Tbg setting date: 06/29/2011 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@syrinfo.com

Attachment Check List

Att Doc Num	Name
400258324	CEMENT JOB SUMMARY
400258325	OTHER
400258332	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)