

**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:

400257891

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

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 05-123-33205-00

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
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### 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
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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:
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Calculated 24 hour rate:	Bbls oil:	78	Mcf Gas:	229	Bbls H2O:	68	GOR:	2936
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Test Method: Flowing	Casing PSI:	Tubing PSI:	Choke Size:	14/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1127	API Gravity Oil:	50
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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@syrqinfo.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)