

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400276565

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: Craig Rasmuson
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-30466-00
6. County: WELD
7. Well Name: Cletcher Well Number: 11-21D
8. Location: QtrQtr: SENW Section: 21 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 02/07/2012 Date of First Production this formation: 02/22/2012

Perforations Top: 6725 Bottom: 6746 No. Holes: 60 Hole size: 0.42

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

PERFS 6725 - 6730 6736 - 6746 HOLES 60 SIZE .42 FRAC J-SAND WITH 209,084 GALLONS TOTAL FRAC FLUID AND 126,080 LBS 30/50 WHITE SAND

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

Test Information:

Date: 02/22/2012 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 5 Bbls H2O: 60 GOR: 1667

Test Method: Flowing Casing PSI: 1050 Tubing PSI: 1175 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1261 API Gravity Oil: 32

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6713 Tbg setting date: 02/15/2012 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:

Please Cc: crasmuson@syrginfo.com with any future correspondence on this form.

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@syrginfo.com

Attachment Check List

Att Doc Num	Name
400276910	CEMENT JOB SUMMARY
400277033	OTHER
400277039	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)