

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:

400278738

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 05-123-34253-00  
6. County: WELD  
7. Well Name: SRC Leffler  
Well Number: 13-26D  
8. Location: QtrQtr: NWSW Section: 26 Township: 7N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 01/21/2012 Date of First Production this formation: 01/24/2012  
Perforations Top: 7397 Bottom: 7411 No. Holes: 56 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
PERFS 7397 - 7411 HOLES 56 SIZE .42 FRAC CODELL WITH 46,908 GAL OF FR-66 WATER CLAWEB VICON, 118,081 GAL OF FR-66 WATER CLAWEB VICON CARRYING 1164.71 LBS 30/50 SAND

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

**Test Information:**

Date: 01/24/2012 Hours:        Bbls oil:        Mcf Gas:        Bbls H2O:         
Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 22 Bbls H2O: 13 GOR: 500  
Test Method: Flowing Casing PSI: 900 Tubing PSI:        Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 47  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7382 Tbg setting date: 04/09/2012 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
400278782	CEMENT JOB SUMMARY
400278786	OTHER
400278787	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)