

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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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: Brianne Visconti  
Phone: (970) 737-1073  
Fax: (970) 737-1045

5. API Number 05-123-14573-00  
6. County: WELD  
7. Well Name: WOFLSON  
Well Number: 26-1  
8. Location: QtrQtr: NENE Section: 26 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: CODELL Status: PRODUCING

Treatment Date: 07/16/2011 Date of First Production this formation: 07/25/2011

Perforations Top: 7178 Bottom: 7190 No. Holes: 48 Hole size:

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

PERFS 7178 - 7190 HOLES 48 SIZE .38 FRAC THE CODELL WITH 140,040 GAL FR-66 WATER AND 250,000LBS OF 30/50 SAND

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

**Test Information:**

Date: 07/26/2011 Hours:  Bbls oil:  Mcf Gas:  Bbls H2O:

Calculated 24 hour rate:  Bbls oil: 0 Mcf Gas: 40 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1151 Tubing PSI: 950 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6861 Tbg setting date: 07/20/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned:  Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: 7301 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: Brianne Visconti

Title: Administrator Date:  Email bvisconti@syrinfo.com

### Attachment Check List

| Att Doc Num | Name |
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| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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