

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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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 05-123-14511-00
6. County: WELD
7. Well Name: WOLFSON
Well Number: 26-16
8. Location: QtrQtr: SESE Section: 26 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 03/17/2012 Date of First Production this formation: 03/24/2012

Perforations Top: 6889 Bottom: 7212 No. Holes: 96 Hole size:

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

PERFS 6889 - 7212 HOLES 96 SIZE.42 FRAC CODELL-NIOBRARA WITH 154,000 GAL FRESH WATER AND 300,000 LBS OF 30/50 SAND

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

Test Information:

Date: 03/24/2012 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 57 Bbls H2O: 0 GOR: 19000
Test Method: FLOWING Casing PSI: 1147 Tubing PSI: 1060 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 API Gravity Oil: 53
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6874 Tbg setting date: 03/03/2012 Packer Depth:

Reason for Non-Production:

N/A

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

Bridge Plug Depth: 7335 Sacks cement on top:

Comment:

please include kbrewer@syrginfo.com and crasmuson@syrginfo.com on all emails

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@syrginfo.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)