

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 4. Contact Name: Brianne Visconti  
 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 05-123-14734-00 6. County: WELD  
 7. Well Name: WOLFSON Well Number: 26-10  
 8. Location: QtrQtr: NWSE Section: 26 Township: 4N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/12/2011 Date of First Production this formation: 08/22/2011

Perforations Top: 7150 Bottom: 7164 No. Holes: 56 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

PERFS 7150 - 7164 HOLES 56 SIZE .38 FRAC CODELL WITH 129,158 GAL OF FRESH WATER AND 162,520 LBS OF 30/50 WHITE SAND

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/22/2011 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 950 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1290 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7135 Tbg setting date: 08/15/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production: N/A

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

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: please include kbrewer@syrginfo.com and crasmuson@syrginfo.com

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

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