

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:

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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 05-123-13810-00
6. County: WELD
7. Well Name: GARCIA
Well Number: 1-5
8. Location: QtrQtr: NENE Section: 5 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: COMMINGLED

Treatment Date: 12/19/2011 Date of First Production this formation: 01/04/2012
Perforations Top: 7148 Bottom: 7162 No. Holes: 56 Hole size: 0.38

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

PERFS 7148 - 7162 HOLES 56 SIZE .38 FRAC THE CODELL WITH 99,887 GAL OF FRESH WATER AND 150,180 LBS OF 20/40 WHITE SAND

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

Test Information:

Date: 01/04/2012 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 26 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 925 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7133 Tbg setting date: 12/15/2011 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

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)