

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 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 05-123-20127-00 6. County: WELD
 7. Well Name: IMOGENE Well Number: 1
 8. Location: QtrQtr: NENE Section: 14 Township: 6N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/01/2012 Date of First Production this formation: 02/14/2012

Perforations Top: 6774 Bottom: 6918 No. Holes: 50 Hole size: _____

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

PERFS 6774 - 6918 HOLES 50 SIZE .42 FRAC THE NIOBRARA WITH 151,210 GAL OF WATER AND 100,000 LBS OF 30/50 SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/14/2012 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 7 Bbls H2O: 0 GOR: 875

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 1150 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1286 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6759 Tbg setting date: 01/29/2012 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 in 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)