

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 05-123-20116-00  
6. County: WELD  
7. Well Name: IMOGENE  
Well Number: 3  
8. Location: QtrQtr: NENW 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: 6816 Bottom: 6964 No. Holes: 50 Hole size:

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

PERFS 6816 - 6964 HOLES 50 SIZE .42 FRAC THE NIOBRARA WITH 125,210 GAL WATER AND 1000\*100 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: 7 Mcf Gas: 8 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: 6801 Tbg setting date: 01/27/2012 Packer Depth:

Reason for Non-Production:

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)