

FORM  
5A

Rev  
06/12

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:

400279329

Date Received:

05/01/2012

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: Kristin Brewer  
Phone: (970) 737-1073  
Fax: (970) 737-1045

5. API Number 05-123-34125-00  
6. County: WELD  
7. Well Name: Margil  
Well Number: 24-34D  
8. Location: QtrQtr: NWSW Section: 34 Township: 4N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 02/22/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 03/04/2012  
Perforations Top: 7823 Bottom: 7837 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 7823 - 7837 HOLES 56 SIZE .42 FRAC CODELL WITH 123,125 GALLONS OF TOTAL FRAC FLUID AND 125,600 LBS 30/50 WHITE SAND

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

Total fluid used in treatment (bbl): \_\_\_\_\_

Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_

Max frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

Test Information:

Date: 03/04/2012 Hours: 24 Bbl oil: 28 Mcf Gas: 12 Bbl H2O: 77  
Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 12 Bbl H2O: 77 GOR: 429  
Test Method: FLOWING Casing PSI: 1450 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1326 API Gravity Oil: 44  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7811 Tbg setting date: 04/06/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

Please CC crasmuson@syrinfo.com on any future correspondence on this form.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Kristin Brewer

Title: Land Assistant

Date: 5/1/2012

Email kbrewer@syrinfo.com

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### **Attachment Check List**

Att Doc Num	Name
400279329	FORM 5A SUBMITTED
400279418	CEMENT JOB SUMMARY
400279422	CEMENT JOB SUMMARY
400279432	WELLBORE DIAGRAM

Total Attach: 4 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Off Hold. Input gas information per operator.	3/2/2012 6:41:25 AM
Permit	On Hold. Requested gas test information.	3/1/2012 8:28:30 AM

Total: 2 comment(s)