

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:

400313050

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 05-123-13811-00  
6. County: WELD  
7. Well Name: HOWARD  
Well Number: 3-27  
8. Location: QtrQtr: NENW Section: 27 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/23/2011 End Date: 07/23/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 6925 Bottom: 6940 No. Holes: 61 Hole size:

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

PERFS 6925 - 6940 HOLES 61 SIZE .42 REFRAC CODELL WITH 148176 GAL OF WATER AND 232,000 LBS OF 30/50 SAND

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

Total fluid used in treatment (bbl): 3528 Max pressure during treatment (psi): 7257

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): 3528

Fresh water used in treatment (bbl): 172 Disposition method for flowback:

Total proppant used (lbs): 232000 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

|   |   |                                   |  |  |  |
|---|---|-----------------------------------|--|--|--|
| FORMATION: NIOBRARA-CODELL  |   | Status: PRODUCING                 |  | Treatment Type: FRACTURE STIMULATION                 |  |
| Treatment Date: 07/23/2011  |   | End Date: 07/23/2011              |  | Date of First Production this formation: 08/04/2011  |  |
| Perforations  | Top: 6926   | Bottom: 6940                      | No. Holes: 61  | Hole size: _____                                     |  |
| Provide a brief summary of the formation treatment:   |   |                                   | Open Hole: <input type="checkbox"/>  |  |  |
| PERFS 6926 - 6940 HOLES 61 SIZE .42 REFRAC CODELL WITH 148176 GAL OF WATER AND 232000 LBS OF 30/50 SAND |   |                                   |  |  |  |
| This formation is commingled with another formation:  |   |                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          |  |  |
| Total fluid used in treatment (bbl): 3528   |   |                                   | Max pressure during treatment (psi): 7275                                    |  |  |
| 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): 3528  |  |  |
| Fresh water used in treatment (bbl): 172  |   |                                   | Disposition method for flowback: _____                                       |  |  |
| Total proppant used (lbs): 232000   |   |                                   | Rule 805 green completion techniques were utilized: <input type="checkbox"/> |  |  |
| Reason why green completion not utilized: _____   |   |                                   |  |  |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>  |   |                                   |  |  |  |
| <b>Test Information:</b>  |   |                                   |  |  |  |
| Date: 08/04/2011  | Hours: 24   | Bbl oil: 0                        | Mcf Gas: 21  | Bbl H2O: 0   |  |
| Calculated 24 hour rate:  | Bbl oil: 0  | Mcf Gas: 21                       | Bbl H2O: 0   | GOR: 0   |  |
| Test Method: FLOWING  | Casing PSI: 1350  | Tubing PSI: 1140                  | Choke Size: 14/64  |  |  |
| Gas Disposition: SOLD   | Gas Type: WET   | Btu Gas: 1339                     | API Gravity Oil: 56  |  |  |
| Tubing Size: 2 + 3/8  | Tubing Setting Depth: 6911  | Tbg setting date: 07/14/2011      | Packer Depth: _____  |  |  |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>      |   |                                   |  |  |  |
| Date formation Abandoned: _____   | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |  |  |  |
| ** Bridge Plug Depth: _____   |   | ** Sacks cement on top: _____     |  | ** Wireline and Cement Job Summary must be attached. |  |

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/28/1988 End Date: 02/28/1988 Date of First Production this formation: 02/26/1988

Perforations Top: 6659 Bottom: 6768 No. Holes: 24 Hole size: \_\_\_\_\_

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

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**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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:

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**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)