

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:

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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 05-123-13696-00
6. County: WELD
7. Well Name: OGILVIE
Well Number: 24-4
8. Location: QtrQtr: NWNW Section: 24 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/15/2012 End Date: 06/15/2012 Date of First Production this formation: 06/28/2012

Perforations Top: 6643 Bottom: 6657 No. Holes: 57 Hole size:

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

REFRAC THE NIOBRARA-CODELL

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

Total fluid used in treatment (bbl): 3646 Max pressure during treatment (psi): 5948

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): 270840 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: Gas Type: 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: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/15/2012</u>		End Date: <u>06/15/2012</u>		Date of First Production this formation: <u>06/28/2012</u>	
Perforations	Top: <u>6372</u>	Bottom: <u>6657</u>	No. Holes: <u>107</u>	Hole size: _____	

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

PERFS 6372 - 6657 HOLES 107 SIZE .42 REFRAC NIOBRARA-CODELL

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

Total fluid used in treatment (bbl): <u>3646</u>	Max pressure during treatment (psi): <u>5948</u>
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): <u>270840</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>06/28/2012</u>	Hours: <u>24</u>	Bbl oil: <u>3</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>3</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u>1000</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1350</u>	API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6357</u>	Tbg setting date: <u>06/08/2012</u>	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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/15/2012 End Date: 06/15/2012 Date of First Production this formation: 06/28/2012
Perforations Top: 6372 Bottom: 6466 No. Holes: 50 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☐

REFRAC THE NIOBRARA-CODELL

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

Total fluid used in treatment (bbl): 3646 Max pressure during treatment (psi): 5948
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): 270840 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: _____ Gas Type: _____ 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)