

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:

400322517

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) 737-1073

5. API Number 05-123-34538-00  
6. County: WELD  
7. Well Name: SRC GCC  
Well Number: 42-10D  
8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/22/2012 End Date: Date of First Production this formation:

Perforations Top: 7382 Bottom: 7396 No. Holes: 56 Hole size:

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

Frac the Codell and Niobrara

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

Total fluid used in treatment (bbl): 5072 Max pressure during treatment (psi): 5158

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): 4859 Disposition method for flowback:

Total proppant used (lbs): 175960 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: Due to economic reasons, the Codell was plugged and temporarily abandoned

Date formation Abandoned: 06/22/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7282 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 06/22/2012 End Date: Date of First Production this formation: 07/26/2012  
Perforations Top: 7103 Bottom: 7228 No. Holes: 375 Hole size:   
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac the Codell and Niobrara

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

Total fluid used in treatment (bbl): 3415

Max pressure during treatment (psi): 5054

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): 953

Disposition method for flowback:

Total proppant used (lbs): 247500

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/26/2012 Hours: 24 Bbl oil: 3 Mcf Gas: 13 Bbl H2O: 130  
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 13 Bbl H2O: 130 GOR: 4333  
Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1000 Choke Size:  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 API Gravity Oil: 0  
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             |
|-------------|------------------|
| 400322572   | WELLBORE DIAGRAM |

Total Attach: 1 Files

#### General Comments

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

Total: 0 comment(s)