

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:

400339555

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 05-123-35152-00  
6. County: WELD  
7. Well Name: Margil  
Well Number: 34PD  
8. Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 08/04/2012 End Date: Date of First Production this formation:

Perforations Top: 7592 Bottom: 7610 No. Holes: 73 Hole size: 4

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

Frac the Codell and set a CIBP

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

Total fluid used in treatment (bbl): 5049 Max pressure during treatment (psi): 6000

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min 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): 116 Disposition method for flowback:

Total proppant used (lbs): 175380 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: The Codell was TA due to economic and geological reasons

Date formation Abandoned: 08/04/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7510 \*\* Sacks cement on top: 0 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 08/04/2012 End Date: Date of First Production this formation: 08/18/2012  
Perforations Top: 7279 Bottom: 7466 No. Holes: 75 Hole size: 3  
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac the Niobrara

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

Total fluid used in treatment (bbl): 3237

Max pressure during treatment (psi): 6000

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min 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): 250320

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

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

#### Test Information:

Date: 08/18/2012 Hours: 24 Bbl oil: 42 Mcf Gas: 5 Bbl H2O: 150  
Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 5 Bbl H2O: 150 GOR: 119  
Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1050 Choke Size:  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 1167  
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
400339579	WIRELINE JOB SUMMARY
400339580	WELLBORE DIAGRAM

Total Attach: 2 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)