

FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

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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 05-123-35006-00
6. County: WELD
7. Well Name: AVEX
Well Number: 41-10D
8. Location: QtrQtr: SWNE Section: 10 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/29/2012 End Date: 11/29/2012 Date of First Production this formation: 01/11/2013

Perforations Top: 7260 Bottom: 7278 No. Holes: 72 Hole size: 0.42

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

Silverstim frac on the Codell with 175,020lbs of 30/50 Ottawa sand, 2,382 gal of WG18, and 103,199 gal of FR water

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2457 Max pressure during treatment (psi): 3465

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 1.25

Type of gas used in treatment: Min frac gradient (psi/ft): 0.79

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 819

Fresh water used in treatment (bbl): 2457 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 175020 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/11/2013 Hours: 24 Bbl oil: 27 Mcf Gas: 5 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 5 Bbl H2O: 0 GOR: 185

Test Method: flowing Casing PSI: 1300 Tubing PSI: 1150 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7248 Tbg setting date: 12/18/2012 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:

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@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400391911	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)