

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 05-123-35224-00
6. County: WELD
7. Well Name: Avex
Well Number: 21-2D
8. Location: QtrQtr: NENW Section: 2 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/30/2013 End Date: 01/30/2013 Date of First Production this formation: 02/19/2013

Perforations Top: 7225 Bottom: 7243 No. Holes: 72 Hole size: 4

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

Silverstim Frac on the Codell with a total of 111,636 gal of FR66 water, 175,080 lbs of 30/50 Ottawa sand, 2,094 gal of WG-18.

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

Total fluid used in treatment (bbl): 3472 Max pressure during treatment (psi): 3472

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.50

Type of gas used in treatment: Min frac gradient (psi/ft): 0.81

Total acid used in treatment (bbl): 23 Number of staged intervals: 11

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1157

Fresh water used in treatment (bbl): 3472 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 175080 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: 01/30/2013 End Date: 01/30/2013 Date of First Production this formation: 02/19/2013

Perforations Top: 6909 Bottom: 7243 No. Holes: 142 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: _____ 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): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/19/2013 Hours: 24 Bbl oil: 244 Mcf Gas: 76 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 244 Mcf Gas: 76 Bbl H2O: 0 GOR: 311

Test Method: flowing Casing PSI: 900 Tubing PSI: 1100 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7212 Tbg setting date: 02/12/2013 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: 01/30/2013 End Date: 01/30/2013 Date of First Production this formation: 02/19/2013
Perforations Top: 6909 Bottom: 6928 No. Holes: 60 Hole size: 4

Provide a brief summary of the formation treatment:

Open Hole: ☒

Silverstim Frac on the Niobrara with a total of 143,724 gal of FR66 water, 250,060 lbs of 30/50 Ottawa sand, 2,498 gal of WG-18.

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

Total fluid used in treatment (bbl): 3422

Max pressure during treatment (psi): 4628

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 1.00

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.79

Total acid used in treatment (bbl): 0

Number of staged intervals: 10

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1140

Fresh water used in treatment (bbl): 3422

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250060

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
400405877	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)