

FORM
5ARev
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:

400899858

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 4. Contact Name: Erin Ekblad
 2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (720) 616.4319
 3. Address: 20203 HIGHWAY 60 Fax: (720) 616.4301
 City: PLATTEVILLE State: CO Zip: 80651 Email: eekblad@syrginfo.com

5. API Number 05-123-40788-00 6. County: WELD
 7. Well Name: SRC Cannon Well Number: 24-16NHZ
 8. Location: QtrQtr: SESE Section: 16 Township: 4N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 06/21/2015 End Date: 06/21/2015 Date of First Production this formation: 07/16/2015Perforations Top: 6875 Bottom: 10868 No. Holes: 0 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac on the Niobrara with sleeves. 67522 gals of Fresh Water was used carrying 4,631,865 lbs of 40/70 White Sand. No gas or acid was used.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 67522 Max pressure during treatment (psi): 8043Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.07Total acid used in treatment (bbl): 0 Number of staged intervals: 21Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 22507Fresh water used in treatment (bbl): 67522 Disposition method for flowback: DISPOSALTotal proppant used (lbs): 4631865 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/16/2015 Hours: 24 Bbl oil: 27 Mcf Gas: 0 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 0 Bbl H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 600 Tubing PSI: _____ Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 40Tubing Size: 2 + 3/8 Tubing Setting Depth: 6207 Tbg setting date: 08/01/2015 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:

The well Cannon 24-16CHZ (API 05-123-40779) on which the cased hole neutron log was run, please see corresponding Form 5 for attachments. The well that we have an Open Hole logs to 5500' ft on Cannon 13-16CHZ (API 05-123-40783), please see referenced well Form 5 for attachments.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Erin _____

Title: Manager Regulatory Affair Date: _____ Email eekblad@syrginfo.com
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Attachment Check List

Att Doc Num **Name**

400905158	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Returned to draft for operator to correct and/or complete.	11/12/2015 1:45:45 PM
Permit	Returned to draft for operator to correct and/or complete.	10/29/2015 2:10:29 PM

Total: 2 comment(s)