

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Erin Ekblad
Phone: (720) 616.4319
Fax: (720) 616.4301
Email: eekblad@syrinfo.com

5. API Number 05-123-40782-00
6. County: WELD
7. Well Name: SRC Cannon
Well Number: 14-16CHZ
8. Location: QtrQtr: SESE Section: 16 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: 06/30/2015 End Date: 06/30/2015 Date of First Production this formation: 07/16/2015
Perforations Top: 7096 Bottom: 10371 No. Holes: 0 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): 108734 Max pressure during treatment (psi): 7320
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: Min frac gradient (psi/ft): 1.00
Total acid used in treatment (bbl): 0 Number of staged intervals: 18
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 36244
Fresh water used in treatment (bbl): 108734 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4335620 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: 138 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 138 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 725 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5887 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 Ekblad

Title: Manager Regulatory Affair Date: 11/13/2015 Email eekblad@syrginfo.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2301009	WELLBORE DIAGRAM
400899852	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	- Changed top interval perforation per operator to 7096'. - Removed Btu value per operator as no gas was produced from the well during testing.	11/27/2015 9:40:49 AM
Permit	- Perforations listed are above the set depth of the 7" casing, requesting corrected depths from the operator. - Wellbore Diagram does not match casing information provided on Form 5.	11/20/2015 12:46:55 PM
Permit	Returned to draft for operator to correct and/or complete.	11/12/2015 1:34:36 PM
Permit	Returned to draft for operator to correct and/or complete.	10/29/2015 2:06:52 PM

Total: 4 comment(s)