

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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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 05-123-41054-00	6. County: WELD
7. Well Name: SRC VISTA	Well Number: 43-2C
8. Location: QtrQtr: NWSW Section: 2 Township: 4N Range: 68W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 05/12/2016		End Date: 05/21/2016		Date of First Production this formation: 06/03/2016	
Perforations	Top: 7492	Bottom: 11543	No. Holes: 488	Hole size: 02/5	

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

Plug and Perf completion type used. Pumped 35.7 bbl of 15% HCL acid. 21 Stages: 112493 bbls of slickwater, 3,442,750 lbs of proppant (sand 100 mesh and 40/70 ) used in treatment. Test Method is Flowing, used Flowback reports.

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

Total fluid used in treatment (bbl): 112493	Max pressure during treatment (psi): 6966
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): 0.93
Total acid used in treatment (bbl): 35	Number of staged intervals: 21
Recycled water used in treatment (bbl): 0	Flowback volume recovered (bbl): 12347
Fresh water used in treatment (bbl): 112457	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3442750	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

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

**Test Information:**

Date: 06/12/2016	Hours: 24	Bbl oil: 436	Mcf Gas: 0	Bbl H2O: 378
Calculated 24 hour rate:	Bbl oil: 436	Mcf Gas: 0	Bbl H2O: 378	GOR: 0
Test Method: Flowing	Casing PSI: 1870	Tubing PSI: 1303	Choke Size: 12/64	
Gas Disposition: _____	Gas Type: _____	Btu Gas: 0	API Gravity Oil: 47	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7027	Tbg setting date: 06/08/2016	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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/12/2016 End Date: 05/21/2016 Date of First Production this formation: 06/03/2016

Perforations Top: 7929 Bottom: 11543 No. Holes: 488 Hole size: 02/5

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

Completed Interval: 7929-11543.

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: 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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/12/2016 End Date: 05/21/2016 Date of First Production this formation: 06/03/2016

Perforations Top: 7492 Bottom: 7929 No. Holes: 488 Hole size: 02/5

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

Fort Hays Completed Intervals to 7492-7929.

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: 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: Erin Ekblad

Title: Manager Regulatory Affair Date: Email: eekblad@syrginfo.com

### Attachment Check List

Att Doc Num Name

401071626 WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)