

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Rhonda Sandquist
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-29169-00
6. County: WELD
7. Well Name: MEYER
Well Number: 2
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 04/09/2010 Date of First Production this formation: 04/13/2010
Perforations Top: 7118 Bottom: 7454 No. Holes: 324 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
NB PERF 7118-7319 HOLES 243 SIZE 0.42. CD PERF 7434-7454 HOLES 81 SIZE .038. FRAC NB W/7,775 GAL WATER FRAC G 30# - SBM. 506 GAL OF HCL. 169,123 GAL OF FR - 66 WATER. 359,840 GAL OF FR - 66 WATER CARRYING 202,568 LB OF SAND-PREMIUM WHITE - 30/50 BULK. FRAC CD W/88,319 GAL OF FR - 66 WATER. 130,904 GAL OF FR - 66 WATER CARRTUBG 79,807 LB OF SAND - PREMIUM - 30/50 BULK, SK.

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

Test Information:

Date: 04/04/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 68 Bbls H2O: 207 GOR: 8193
Test Method: Flowing Casing PSI: 1700 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1474 API Gravity Oil: 53
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: _____

Comment:

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

Signed: _____

Print Name: RHONDA SANDQUIST

Title: LAND ASSISTANT

Date: _____

Email RSANDQUIST@SYRGINFO.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400107676	WELLBORE DIAGRAM	Wellbore Diagram Meyer 2.pdf
400107767	CEMENT JOB SUMMARY	Cement Summary Meyer #2.pdf

Total Attach: 2 Files