

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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COMPLETED INTERVAL REPORT

Document Number:

400112091

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 05-123-29171-00  
6. County: WELD  
7. Well Name: MEYER Well Number: 3  
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/15/2010 Date of First Production this formation: 04/03/2010

Perforations Top: 7573 Bottom: 7592 No. Holes: 77 Hole size: 0.38

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

NB PERF 7573-7592 HOLES 77 SIZE .38. 47547 GAL OF FR - 66 WATER. 167133 GAL OF FR - 66 WATER CARRYING 89,650 LB OF SAND-PREMIUM WHITE - 30/50, BULK.

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: 42 Mcf Gas: 711 Bbls H2O: 92 GOR: 16929

Test Method: Flowing Casing PSI: 3050 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 21504 API Gravity Oil: 55

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: 12/29/2010 Email rsandquist@syrginfo.com

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: David S. Neslin Director of COGCC Date: 1/19/2011

**Attachment Check List**

Att Doc Num	Name
400112091	FORM 5A SUBMITTED
400119674	CEMENT JOB SUMMARY
400119677	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)