

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:

400137083

**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: Rhonda Sandquist  
2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073  
3. Address: 20203 HIGHWAY 60 Fax: (970) 737-1045  
City: PLATTEVILLE State: CO Zip: 80651

5. API Number 05-123-29165-00 6. County: WELD  
7. Well Name: MEYER Well Number: 7  
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/21/2010</u>	Date of First Production this formation: <u>12/22/2010</u>
Perforations Top: <u>7509</u> Bottom: <u>7528</u>	No. Holes: <u>77</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PERF 7509-7528 HOLES 77 SIZE .420 FRAC W/47,052 GAL OF FR - 66 WATER 175,084 GAL OF FR - 66 WATER CARRYING 905.01 LB OF SAND - PREMIUM - 30/50 BULK	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/23/2010</u> Hours: <u>      </u>	Bbls oil: <u>      </u> Mcf Gas: <u>      </u> Bbls H2O: <u>      </u>
Calculated 24 hour rate:	Bbls oil: <u>83</u> Mcf Gas: <u>576</u> Bbls H2O: <u>94</u> GOR: <u>6940</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2350</u> Tubing PSI: <u>      </u> Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>2812</u> API Gravity Oil: <u>58</u>
Tubing Size: <u>      </u> Tubing Setting Depth: <u>      </u>	Tbg setting date: <u>      </u> Packer Depth: <u>      </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: <u>      </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>
Bridge Plug Depth: <u>      </u>	Sacks cement on top: <u>      </u>

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 01/20/2010 Date of First Production this formation: 04/01/2010

Perforations Top: 7984 Bottom: 8000 No. Holes: 65 Hole size: 0.38

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

J-SAND PERF 7984-8000 HOLES 65 SIZE .380 FRAC W/46,867 GAL OF FR - 66 WATER 169,768 GAL OF FR - 66 WATER  
CARRYING 894.83 LB OF SAND - PREMIUM - 30/50 BULK

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

**Test Information:**

Date: 04/02/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 391 Bbls H2O: 354 GOR: 0

Test Method: Flowing Casing PSI: 2300 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 6784 API Gravity Oil: 58

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Set bridge plug and fraced Codell for economic reasons

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

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
400151069	CEMENT JOB SUMMARY
400151073	OTHER
400164313	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)