

**FORM
5A**Rev
02/08State 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:

400137666

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 05-123-30463-00 6. County: WELD
7. Well Name: SRC TK Well Number: 21-36D
8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>04/19/2010</u>		Date of First Production this formation: <u>05/06/2010</u>		
Perforations	Top: <u>7412</u>	Bottom: <u>7428</u>	No. Holes: <u>64</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
CODEELL PERF 7412-7428 HOLES 64 SIZE .420 FRAC W/46,355 GAL OF FR - 66 WATER 169,540 GAL OF FR - 66 WATER CARRYING 930.86 LB OF SAND - PREMIUM - 30/50 BULK				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>05/07/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>25</u>	Mcf Gas: <u>36</u>	Bbls H2O: <u>105</u> GOR: <u>1440</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>200</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>3053</u>	API Gravity Oil: <u>45</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____ _____				
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
Bridge Plug Depth: _____ Sacks cement on top: _____				

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/18/2010 Date of First Production this formation: 07/27/2010

Perforations Top: 7934 Bottom: 7952 No. Holes: 73 Hole size: 0.38

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

JSAND PERF 7934-7952 HOLES 73 SIZE .380 FRAC W/46,255 GAL OF FR - 66 WATER 174,504 GAL OF FR - 66 WATER
CARRYING 925.47 LB OF SAND - PREMIUM - 30/50 BULK

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

Test Information:

Date: 07/27/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 9 Bbls H2O: 25 GOR: 0

Test Method: Flowing Casing PSI: 1405 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 484 API Gravity Oil: 56

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Set bridge plug fraced Codell formation 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
400153004	CEMENT JOB SUMMARY
400153005	OTHER
400165736	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)