

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



DE ET OE ES

Document Number:  
400119806

**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 05-123-30075-00  
6. County: WELD  
7. Well Name: SRC Well Number: 31-5D  
8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 12/30/2009 Date of First Production this formation: 01/13/2010

Perforations Top: 7400 Bottom: 7420 No. Holes: 81 Hole size: 0.38

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

CODELL PERF 7400-7420 HOLES 81 SIZE .380 FRAC CODELL W/47,224 GAL OF FR-66 WATER 175,597 GAL OF FR-66 WATER CARRYING 1057.30 LB OF SAND-PREMIUM-30/50 BULK.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/13/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: 153 Mcf Gas: 647 Bbls H2O: 85 GOR: 4229

Test Method: Flowing Casing PSI: 1020 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 3132 API Gravity Oil: 54

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: 4/18/2011 Email rsandquist@syrinfo.com  
:

**Attachment Check List**

Att Doc Num	Name
400119806	FORM 5A SUBMITTED
400149657	CEMENT JOB SUMMARY
400149663	WELLBORE DIAGRAM
400154942	CEMENT JOB SUMMARY

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)