

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:

400138147

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: Kori Thoren
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 05-123-31724-00 6. County: WELD
7. Well Name: SRC M&T Farms Well Number: 10DD
8. Location: QtrQtr: SWSE Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/28/2010 Date of First Production this formation: 09/19/2010
Perforations Top: 7277 Bottom: 7294 No. Holes: 68 Hole size: 0.41

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

CODELL PERF 7277-7294 HOLES 68 SIZE 0.41 FRAC W/ 90,680 LBS OF 30-50 OTTAWA SAND, AND 5237 BBL OF STIMOIL SLICK WATER. THE CODELL FORMATION BROKE DOWN AT 4831 PSI, AND TREATED AT 59.3 BPM AND AN AVERAGE PRESSURE OF 5135 PSI. THE ISIP WAS 3534 PSI, 5: 3465.

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

Test Information:

Date: 09/16/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 130 Mcf Gas: 211 Bbls H2O: 163 GOR: 1623
Test Method: Flowing Casing PSI: 1550 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 2428 API Gravity Oil: 49
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: Kori Thoren

Title: Land Assistant Date: 8/9/2011 Email kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Name
400138147	FORM 5A SUBMITTED
400193936	CEMENT JOB SUMMARY
400193937	OTHER
400193940	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)