

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:

400138194

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: Kori Thoren
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-31659-00
6. County: WELD
7. Well Name: SRC M&T Farms
Well Number: 10XD
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: 09/03/2010 Date of First Production this formation: 09/16/2010
Perforations Top: 7540 Bottom: 7558 No. Holes: 72 Hole size: 0.38

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

CODELL PERF 7540-7558 HOLES 72 SIZE 0.38 FRAC W/85425 LBS OF 30/50 OTTAWA SAND, AND 428 BBL OF STEMOIL SLICK WATER. THE CODELL FORMATION BROKE DOWN AT 3759 PSI

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

Test Information:

Date: 09/17/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 163 Mcf Gas: 391 Bbls H2O: 77 GOR: 2399
Test Method: Flowing Casing PSI: 1650 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 2161 API Gravity Oil: 50
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: Email kthoren@syrinfo.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
400195299	OTHER
400195300	CEMENT JOB SUMMARY
400195307	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)