

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:

400138204

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 05-123-31653-00

6. County: WELD

7. Well Name: SRC M&T Farms

Well Number: 10TD

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: 11/20/2010 Date of First Production this formation: 11/22/2010
Perforations Top: 7249 Bottom: 7266 No. Holes: 68 Hole size: 0.38

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

CODELL PERF 7249-7266 HOLES 68 SIZE 0.38 FRAC W/ 217040 GAL OF WATER 91380 LBS OF 40/70 WHITE SAND
FORMATION BROKE AT 4475 PSI FINAL ISIP 3333

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

Test Information:

Date: 11/22/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 120 Bbls H2O: 45 GOR: 2400
Test Method: Flowing Casing PSI: 1650 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1212 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: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/03/2010 Date of First Production this formation: 10/14/2010
Perforations Top: 7722 Bottom: 7746 No. Holes: 96 Hole size: 0.38

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

J-SAND PERF 7722-7746 HOLES 96 SIZE 0.38 FRAC W/ 421 BBL OF STEMOIL SLICKWATER, 92893 LBS OF 30/50 OTTAWA
SAND, J-SAND FORMATION BROKE AT 2850 PSI FINAL ISIP 2901 PSI

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

Test Information:

Date: 10/14/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1090 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 29 API Gravity Oil: 54
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Set bridge plug and fraced the Codell for economic reaasons

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: 8/12/2011

Email kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Name
400138204	FORM 5A SUBMITTED
400195480	OTHER
400195481	CEMENT JOB SUMMARY
400195488	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)