

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:

400203763

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: <u>10311</u>	4. Contact Name: <u>Kori Thoren</u>
2. Name of Operator: <u>SYNERGY RESOURCES CORPORATION</u>	Phone: <u>(970) 737-1073</u>
3. Address: <u>20203 HIGHWAY 60</u>	Fax: <u>(970) 737-1045</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	

5. API Number <u>05-123-13239-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>OLE</u>	Well Number: <u>4-24</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>24</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

Completed Interval

FORMATION: CODELL	Status: PRODUCING
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Treatment Date: 01/18/2006	Date of First Production this formation: 02/08/2006
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Perforations Top: 6982	Bottom: 6992	No. Holes: 40	Hole size: 0.42
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Provide a brief summary of the formation treatment: Open Hole: ☐

118,800 GAL VISTAR, 251,040# 20/40 SAND

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

Test Information:

Date: 02/09/2006	Hours: 12	Bbls oil: 20	Mcf Gas: 40	Bbls H2O:	
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Calculated 24 hour rate:	Bbls oil: 40	Mcf Gas: 80	Bbls H2O: 0	GOR: 2000
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Test Method: Flowing	Casing PSI: 0	Tubing PSI: 160	Choke Size: 24/64
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Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1300	API Gravity Oil: 45
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Tubing Size: 2.875	Tubing Setting Depth: 6742	Tbg setting date: 01/17/2006	Packer Depth: 6742
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Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: PARKMAN	Status: DRY AND ABANDONED
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Treatment Date: 01/10/2006	Date of First Production this formation:
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Perforations Top: 3597	Bottom: 3599	No. Holes: 4	Hole size: 0.38
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Provide a brief summary of the formation treatment: Open Hole: ☐

Squeezed w/150 sx cement 1-10-2006

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

Test Information:

Date:	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:	
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method:	Casing PSI:	Tubing PSI:	Choke Size:
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Gas Disposition:	Gas Type:	BTU Gas:	API Gravity Oil:
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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Reason for Non-Production:

Dry formation

Date formation Abandoned: 01/10/2006 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 150

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
400203809	CEMENT JOB SUMMARY
400203810	OTHER
400203811	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)