

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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**COMPLETED INTERVAL REPORT**

Document Number:  
400203763

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

Treatment Date: 01/18/2006 Date of First Production this formation: 02/08/2006

Perforations Top: 6982 Bottom: 6992 No. Holes: 40 Hole size: 0.42

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: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 40 Mcf Gas: 80 Bbls H2O: 0 GOR: 2000

Test Method: Flowing Casing PSI: 0 Tubing PSI: 160 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 45

Tubing Size: 2.875 Tubing Setting Depth: 6742 Tbg setting date: 01/17/2006 Packer Depth: 6742

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

Treatment Date: 01/10/2006 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 3597 Bottom: 3599 No. Holes: 4 Hole size: 0.38

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: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

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**

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

Total: 0 comment(s)