

**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:

400139318

## 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            05-123-32254-00

6. County: WELD

7. Well Name: RBF

Well Number: 11-22D

8. Location: QtrQtr: SESW Section: 15 Township: 6N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 01/11/2011

Date of First Production this formation: 08/04/2011

Perforations	Top:	7539	Bottom:	7559	No. Holes:	80	Hole size:	0.42
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Provide a brief summary of the formation treatment:

Open Hole: 

CODELL PERFS 7539-7559 HOLES 80 SIZE .42 FRAC W/ 90,200 LBS 30/50 WHITE 242970 FRESH WATER

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

**Test Information:**

Date:	08/05/2011	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:
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Calculated 24 hour rate:	Bbls oil:	192	Mcf Gas:	251	Bbls H2O:	7	GOR:	1307
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Test Method: Flowing	Casing PSI: 1800	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	API Gravity Oil:	46
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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: 9/27/2011                      Email kthoren@syrqinfo.com

### Attachment Check List

Att Doc Num	Name
400139318	FORM 5A SUBMITTED
400208859	CEMENT JOB SUMMARY
400208873	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)