

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:

400214424

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 05-123-31821-00
6. County: WELD
7. Well Name: SRC Pratt
Well Number: 29TD
8. Location: QtrQtr: SESE Section: 29 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/10/2011 Date of First Production this formation: 04/27/2011
Perforations Top: 8563 Bottom: 8570 No. Holes: 42 Hole size: 0.42

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

STEMOIL FRAC THE JSAND FROM 8563 TO 8570 THE JSAND FORMATION BROKE AT 3467 PSI, AND TREATED AT AN AVERAGE RATE OF 62.1 BPM, AVERAGE TREATMENT PRESSURE 4441 PSI, THE TOTAL FLUID PUMPED WAS 5478 BBL, THE TOTAL PROPPANT WAS 91,810 LBS OF 30/50 OTTAWA SAND.

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

Test Information:

Date: 04/27/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 273 Bbls H2O: 198 GOR: 0
Test Method: Flowing Casing PSI: 1230 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1136 API Gravity Oil:
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
400216438	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)