

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:

400216911

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 05-123-31822-00 6. County: WELD
7. Well Name: SRC Pratt Well Number: 29XD
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: 04/21/2011
Perforations Top: 8580 Bottom: 8587 No. Holes: 42 Hole size: 0.42

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

STEMOIL FRAC THE JSAND FROM 8580 TO 8587, THE JSAND FORMATION BROKE AT 4403 PSI, AND TREATED AT AN AVERAGE RATE OF 62.3 BPM, AVERAGE TREATMENT PRESSURE 4808 PSI, THE TOTAL FLUID PUMPED WAS 5362 BBL, THE TOTAL PROPPANT WAS 88.649 POUNDS OF 30/50 OTTAWA SAND

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

Test Information:

Date: 04/22/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 76 Bbls H2O: 2 GOR: 0
Test Method: Flowing Casing PSI: 1840 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1119 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
400217157	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)