

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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| DE | ET | OE | ES |
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Document Number:

400217561

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 05-123-31820-00 6. County: WELD  
7. Well Name: SRC Pratt Well Number: 43-29D  
8. Location: QtrQtr: SESE Section: 29 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/28/2011 Date of First Production this formation: 04/15/2011  
Perforations Top: 8154 Bottom: 8174 No. Holes: 81 Hole size: 0.42

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

SLICKWATER FRAC THE CODELL FORMATION FROM 8154 TO 8174, THE CODELL FORMATION BROKE AT 3425 PSI, AND TREATED AT AN AVERAGE RATE OF 62 BPM, AVERAGE TREATMENT PRESSURE 4850 PSI, THE TOTAL FLUID PUMPED WAS 5391 BBL, THE TOTAL PROPPANT WAS 89,440 LBS OF 30/50 OTTAWA SAND.

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

Test Information:

Date: 04/15/2011 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 60 Bbls H2O: 89 GOR: 2308  
Test Method: Flowing Casing PSI: 2300 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1387 API Gravity Oil: 49  
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             |
|-------------|------------------|
| 400217703   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
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Total: 0 comment(s)