

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:

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: 10/24/2011 Email kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Name
400217561	FORM 5A SUBMITTED
400217703	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)