

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:

400237282

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 05-123-31819-00 6. County: WELD
7. Well Name: SRC Pratt Well Number: 34-29D
8. Location: QtrQtr: SWSE Section: 29 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 04/03/2011 Date of First Production this formation: 04/14/2011
Perforations Top: 8129 Bottom: 8146 No. Holes: 68 Hole size: 0.42

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

PERFS 8146-8168 SIZE .42 HOLES 68 FRAC THE CODELL WITH 5300 BBL OF STEMOIL AND 90300# 30-50 OTTAWA SAND. FORMATION BROKE AT 4700 PSI, AND TREATED AT AN AVERAGE RATE OF 62 BPM, AND AN AVERAGE PRESSURE OF 5300 PSI.

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: 53 Mcf Gas: 120 Bbls H2O: 178 GOR: 2264
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: 2 + 3/8 Tubing Setting Depth: 8141 Tbg setting date: 04/20/2011 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
400237315	CEMENT JOB SUMMARY
400237316	OTHER
400237317	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)