

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:

400262284

Date Received:

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 05-123-33212-00
6. County: WELD
7. Well Name: SRC Pratt
Well Number: 32-29D
8. Location: QtrQtr: SENE Section: 29 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/11/2011</u>	Date of First Production this formation: <u>08/26/2011</u>
Perforations Top: <u>8126</u> Bottom: <u>8142</u>	No. Holes: <u>64</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment: <u>PERFS 8126 - 8142 HOLES 64 SIZE .38 FRAC CODELL W/ 113,715 GALLONS FLUID AND 251,140 LBS 20/40 WHITE SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/27/2011</u> Hours: <u> </u>	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:	Bbls oil: <u>167</u> Mcf Gas: <u>567</u> Bbls H2O: <u>113</u> GOR: <u>3395</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1750</u> Tubing PSI: <u>1750</u> Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1126</u> API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8112</u>	Tbg setting date: <u>01/02/2012</u> Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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

Attachment Check List

Att Doc Num	Name
400262442	CEMENT JOB SUMMARY
400262443	OTHER
400262444	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)