

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:

400245434

Date Received:

01/30/2012

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 05-123-32971-00

6. County: WELD

7. Well Name: SRC Pratt

Well Number: 24-29D

8. Location: QtrQtr: SWSW Section: 29 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 04/30/2011

Date of First Production this formation: 08/12/2011

Perforations Top: 8114 Bottom: 8130 No. Holes: 64 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 8114-8130 HOLES 64 SIZE .42 FRAC THE CODELL FORMATION WITH 5334 BBL OF STEM OIL, AND 89,318 LBS OF 30-50 OTTAWA SAND. THE FORMATION BROKE AT 3361 PSI.

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

Test Information:

Date: 08/13/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 129 Mcf Gas: 374 Bbls H2O: 66 GOR: 2899

Test Method: Flowing Casing PSI: 325 Tubing PSI: 2350 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1127 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8101 Tbg setting date: 09/06/2011 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: 1/30/2012 Email: kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Name
400245434	FORM 5A SUBMITTED
400246962	CEMENT JOB SUMMARY
400246963	OTHER
400246974	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	added tubing PSI of 2350 per operator.	3/22/2012 3:41:45 PM
Permit	ON HOLD: Requesting tubing PSI.	3/13/2012 1:48:23 PM

Total: 2 comment(s)