

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:

400268706

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

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 05-123-33835-00

6. County: WELD

7. Well Name: Margil

Well Number: 21-34D

8. Location: QtrQtr: NWNW Section: 34

Township: 4N

Range: 68W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
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Treatment Date: <u>10/10/2011</u>	Date of First Production this formation: _____
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Perforations	Top: <u>7525</u>	Bottom: <u>7539</u>	No. Holes: <u>60</u>	Hole size: <u>0.42</u>
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Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

PERFS 7525 - 7539 HOLES 60 SIZE .42 FRAC CODELL WITH 160,333 GALLONS OR 3817.5 BBL TOTAL FLUID AND 125,090 LBS SAND

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

**Test Information:**

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: \_\_\_\_\_

Business decision of Operator to produce single zone prior to commingle.

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>10/10/2011</u>	Date of First Production this formation: <u>11/30/2011</u>
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Perforations	Top: <u>7240</u>	Bottom: <u>7322</u>	No. Holes: <u>100</u>	Hole size: <u>0.42</u>
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Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

PERFS 7240 - 7322 HOLES 100 SIZE .42 FRAC NIOBRARA WITH 155,678 GALLONS OR 3706.6 BBL TOTAL FRAC FLUID AND 200.090 LBS SAND

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

**Test Information:**

Date: <u>11/30/2011</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate: _____	Bbls oil: <u>50</u>	Mcf Gas: <u>11</u>	Bbls H2O: <u>10</u>	GOR: <u>220</u>
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Test Method: <u>Flowing</u>	Casing PSI: <u>1600</u>	Tubing PSI: <u>1200</u>	Choke Size: <u>12/64</u>
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1300</u>	API Gravity Oil: <u>47</u>
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Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7229</u>	Tbg setting date: <u>01/31/2012</u>	Packer Depth: _____
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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

### **Attachment Check List**

Att Doc Num	Name
400272072	CEMENT JOB SUMMARY
400272074	OTHER
400272075	WELLBORE DIAGRAM

Total Attach: 3 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)