

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400277414

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: Craig Rasmuson  
Phone: (970) 737-1073  
Fax: (970) 737-1045

5. API Number 05-123-33829-00  
6. County: WELD  
7. Well Name: SRC Haythorn  
Well Number: 36CD  
8. Location: QtrQtr: NENE Section: 36 Township: 7N Range: 66W Meridian: 6  
9. Field Name: EATON Field Code: 19350

**Completed Interval**

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/15/2011 Date of First Production this formation: 01/06/2012

Perforations Top: 7316 Bottom: 7333 No. Holes: 68 Hole size: 0.42

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

PERFS 7316 - 7333 HOLES 68 SIZE .42 FRAC CODELL WITH 206,430 GALLONS TOTAL FRAC FLUID AND 125,480 LBS 30/50 WHITE SAND

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

**Test Information:**

Date: 01/06/2012 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: 227 Mcf Gas: 260 Bbls H2O: 80 GOR: 1145

Test Method: Flowing Casing PSI: 1850 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 47

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:

Please Cc: crasmuson@syrginfo.com with future correspondence on this form.

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@syrginfo.com

### Attachment Check List

Att Doc Num	Name
400277465	CEMENT JOB SUMMARY
400277469	CEMENT JOB SUMMARY
400277473	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)