

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:

400279464

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 05-123-34124-00  
6. County: WELD  
7. Well Name: Margil  
Well Number: 14-34D  
8. Location: QtrQtr: NWSW Section: 34 Township: 4N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 02/25/2012 Date of First Production this formation: 03/03/2012  
Perforations Top: 7533 Bottom: 7547 No. Holes: 56 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
PERFS 7533 - 7547 HOLES 56 SIZE .42 FRAC CODELL WITH 211,764 GALLONS OF TOTAL FRAC FLUID AND 125,620 LBS 30/50 WHITE SAND

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

Test Information:

Date: 03/03/2012 Hours: Bbls oil: Mcf Gas: Bbls H2O:  
Calculated 24 hour rate: Bbls oil: 83 Mcf Gas: 92 Bbls H2O: 77 GOR: 1108  
Test Method: Flowing Casing PSI: 1425 Tubing PSI: Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil:  
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@syrinfo.com with any 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@syrinfo.com

### Attachment Check List

Att Doc Num	Name
400279544	CEMENT JOB SUMMARY
400279549	OTHER
400279550	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)