

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

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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: Brianne Visconti
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-14814-00
6. County: WELD
7. Well Name: WOLFSON
Well Number: 26-2
8. Location: QtrQtr: NWNE Section: 26 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/14/2011 End Date: 05/14/2011 Date of First Production this formation: 05/23/2011

Perforations Top: 7154 Bottom: 7178 No. Holes: 96 Hole size:

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

PERFS 7154 - 7178 HOLES 96 SIZE .41 REFRAC THE CODELL WITH 163,752 GAL OF FR WATER AND 45,540 LBS OF 30/50 SAND

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi): 9500

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/23/2011 Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 33 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7139 Tbg setting date: 05/02/2011 Packer Depth:

Reason for Non-Production: DUE TO ECONOMIC REASONS THIS FORMATION WAS TA

Date formation Abandoned: 07/06/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 7135 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 07/09/2011 End Date: 07/09/2011 Date of First Production this formation: 07/16/2011
Perforations Top: 6862 Bottom: 6946 No. Holes: 336 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFS 6862 - 6946 HOLES 336 SIZE .42 FRAC NIOBRARA W/ 102,218 GAL OF FR-66 WATER AND 250,380 LBS OF 30/50 SAND

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): 7356

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/16/2011 Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 17 Bbl H2O: 0 GOR: 17000
Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 1100 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1303 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6847 Tbg setting date: 07/11/2011 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Brianne Visconti

Title: Administrator Date: _____ Email: bvisconti@syrginfo.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)