

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



Table with columns DE, ET, OE, ES

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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: Craig Rasmuson
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 05-123-34124-00 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 Type:
Treatment Date: 02/25/2012 End Date: 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 [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
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: 03/03/2012 Hours: 24 Bbl oil: 83 Mcf Gas: 92 Bbl H2O: 77
Calculated 24 hour rate: Bbl oil: 83 Mcf Gas: 92 Bbl 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: 45
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: \*\* Wireline and Cement Job Summary must be attached.

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: 5/1/2012 Email kthoren@syrinfo.com  
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### **Attachment Check List**

Att Doc Num	Name
400279464	FORM 5A SUBMITTED
400279544	CEMENT JOB SUMMARY
400279549	CEMENT JOB SUMMARY
400279550	WELLBORE DIAGRAM

Total Attach: 4 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Off Hold. Input gas test information per operator.	8/2/2012 11:50:49 AM
Permit	On hold pending form 5 approval.	3/1/2012 8:36:05 AM

Total: 2 comment(s)