

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



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Document Number:

400322263

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 05-123-34541-00
6. County: WELD
7. Well Name: SRC GCC
Well Number: 10VD
8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/18/2012 End Date: Date of First Production this formation: 07/26/2012

Perforations Top: 7592 Bottom: 7608 No. Holes: 64 Hole size:

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

Frac Codell

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

Total fluid used in treatment (bbl): 3466 Max pressure during treatment (psi): 5206

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): 952 Disposition method for flowback:

Total proppant used (lbs): 270300 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/26/2012 Hours: 24 Bbl oil: 39 Mcf Gas: 224 Bbl H2O: 87

Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 224 Bbl H2O: 87 GOR: 5743

Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1000 Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 API Gravity Oil: 0

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:

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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@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400322291	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)