

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:

400322150

Date Received:

08/29/2012

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) 737-1073

5. API Number 05-123-34545-00  
6. County: WELD  
7. Well Name: SRC Aims  
Well Number: 34-10D  
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: 07/24/2012

Perforations Top: 7762 Bottom: 7768 No. Holes: 20 Hole size:

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

Frac the Codell

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

Total fluid used in treatment (bbl): 5333 Max pressure during treatment (psi): 5129

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

Type of gas used in treatment: Min 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): 178890 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/24/2012 Hours: 24 Bbl oil: 22 Mcf Gas: 149 Bbl H2O: 64

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 149 Bbl H2O: 64 GOR: 6772

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: 8/29/2012 Email: bvisconti@syrinfo.com  
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### **Attachment Check List**

Att Doc Num	Name
400322150	FORM 5A SUBMITTED
400322155	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)