

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:  
400385078

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 05-123-30463-00  
6. County: WELD  
7. Well Name: SRC TK  
Well Number: 21-36D  
8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 04/19/2010 End Date: 04/19/2010 Date of First Production this formation: 05/06/2010  
Perforations Top: 7412 Bottom: 7428 No. Holes: 64 Hole size: 0.42

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

Codell Frac w/ 46.355 GAL of FR-66 Water, 169,540 Gal of FR-66 water carrying 930.86 lbs of premium 30/50 sand  
Previous approved Form 5A Doc #400137666 reported that the J-Sand was completed and TA. This well was never permitted to, drilled to, or completed to the J-Sand. It has only ever been completed to the Codell.

This formation is commingled with another formation:  Yes  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: \_\_\_\_\_ 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): \_\_\_\_\_ Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 05/07/2010 Hours: 24 Bbl oil: 25 Mcf Gas: 36 Bbl H2O: 105  
Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 36 Bbl H2O: 25 GOR: 1440  
Test Method: flowing Casing PSI: 200 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 3053 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: \_\_\_\_\_

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: bviscontin@syrginfo.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)