

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:

400402477

Date Received:

04/10/2013

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 05-123-36163-00
6. County: WELD
7. Well Name: Avex
Well Number: 10ND
8. Location: QtrQtr: SWNE Section: 10 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/31/2013 End Date: 01/31/2013 Date of First Production this formation: 02/14/2013

Perforations Top: 7225 Bottom: 7243 No. Holes: 72 Hole size: 0.42

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

Silverstim Frac on the Codell with a total of 175,440 30/50 Ottawa sand, 113,293 gal of FR water, and 2,412 gal of WG-18.

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

Total fluid used in treatment (bbl): 2697 Max pressure during treatment (psi): 4117

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 1.00

Type of gas used in treatment: Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 899

Fresh water used in treatment (bbl): 2697 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 175440 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/14/2013 Hours: 24 Bbl oil: 67 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 67 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1150 Tubing PSI: 975 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7212 Tbg setting date: 02/12/2013 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.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2012 End Date: 12/03/2012 Date of First Production this formation: _____

Perforations Top: 7694 Bottom: 7714 No. Holes: 72 Hole size: 0.42

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

Frac on the J-Sand with a total of 115,440 lbs 40/70 Ottawa sand, 4,100 lbs of 20/40 SB Excel, 144,194 gal of FR Water, and 66 gal of Clayweb.

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

Total fluid used in treatment (bbl): 3433 Max pressure during treatment (psi): 4239

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 1.00

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.76

Total acid used in treatment (bbl): 0 Number of staged intervals: 8

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1144

Fresh water used in treatment (bbl): 3433 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 119540 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: This well never produced from the J-Sand, ran into water. This formation was TA.

Date formation Abandoned: 01/30/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7430 ** 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: 4/10/2013 Email: bvisconti@syrginfo.com

Attachment Check List

Att Doc Num	Name
400402477	FORM 5A SUBMITTED
400402577	WIRELINE JOB SUMMARY
400402578	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)