

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:

400899756

Date Received:

12/08/2015

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: Erin Ekblad
Phone: (720) 616.4300
Fax: (720) 616.4301
Email: eekblad@syrginfo.com

5. API Number 05-123-40017-00
6. County: WELD
7. Well Name: SRC Gies
Well Number: T-15-22CHZ
8. Location: QtrQtr: SESE Section: 15 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/08/2015 End Date: 06/08/2015 Date of First Production this formation: 07/01/2015
Perforations Top: 7652 Bottom: 11397 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

No Perfs, Sleeves Only; Frac on the Codellsleeves. 4,327,942 gals of Fresh Water was used carrying 3,728,230 lbs of 40/70 White Sand. Additionally, 1,000 bbl acid was used.

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

Total fluid used in treatment (bbl): 103046

Max pressure during treatment (psi): 8959

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.00

Total acid used in treatment (bbl): 1000

Number of staged intervals: 22

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 34348

Fresh water used in treatment (bbl): 103046

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3728230

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/01/2015 Hours: 24 Bbl oil: 227 Mcf Gas: 279 Bbl H2O: 16
Calculated 24 hour rate: Bbl oil: 227 Mcf Gas: 279 Bbl H2O: 16 GOR: 119
Test Method: Flowing Casing PSI: 575 Tubing PSI: _____ Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1336 API Gravity Oil: 41
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7152 Tbg setting date: 07/20/2015 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: Erin Ekblad

Title: Manager Regulatory Affair

Date: 12/8/2015

Email eekblad@syrinfo.com

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Attachment Check List

Att Doc Num

Name

400899756

FORM 5A SUBMITTED

400950037

WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit

- Wellbore diagram revised.
- production intervals revised.

12/23/2015
2:10:47 PM

Permit

- Wellbore diagram casing info discrepancy.
- Requesting operator review production intervals; un-cemented liner.

12/7/2015
2:27:18 PM

Permit

Returned to draft for operator to correct and/or complete.

10/29/2015
3:10:18 PM

Total: 3 comment(s)