

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400861295

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 4. Contact Name: Erin Ekblad
2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (720) 616.4319
3. Address: 1675 BROADWAY SUITE 2600 City: DENVER State: CO Zip: 80202 Fax: (720) 616.4301 Email: eekblad@syrinfo.com

5. API Number 05-123-39713-00 6. County: WELD
7. Well Name: SRC KIEHN Well Number: 32-4CHZ
8. Location: QtrQtr: SWSE Section: 4 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2015 End Date: 03/29/2015 Date of First Production this formation: 04/18/2015
Perforations Top: 7560 Bottom: 11413 No. Holes: 132 Hole size: 6.75

Provide a brief summary of the formation treatment: Open Hole: [X]

Sliding sleeves completion type. 22 stages. 117,555 bbls of gel and slickwater. 4,158,094 lbs of proppant (40/70 mesh sand). No acid used.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 117555 Max pressure during treatment (psi): 8221
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): 0.88
Total acid used in treatment (bbl): 0 Number of staged intervals: 22
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 13778
Fresh water used in treatment (bbl): 117555 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4158094 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/26/2015 Hours: 24 Bbl oil: 119 Mcf Gas: 114 Bbl H2O: 328
Calculated 24 hour rate: Bbl oil: 119 Mcf Gas: 114 Bbl H2O: 328 GOR: 958
Test Method: Flowing Casing PSI: 350 Tubing PSI: 0 Choke Size: 22
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6962 Tbg setting date: 05/16/2015 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2015 End Date: 03/29/2015 Date of First Production this formation: 04/18/2015

Perforations Top: 7743 Bottom: 11413 No. Holes: 132 Hole size: 6.75

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

7743-9650, 9662-11413

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: _____ 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: _____

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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2015 End Date: 03/29/2015 Date of First Production this formation: 04/18/2015

Perforations Top: 7560 Bottom: 9662 No. Holes: 132 Hole size: 6.75

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

7560-7743, 9650-9662

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: _____ 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: _____

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: _____ Email eekblad@syrginfo.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name

Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)