

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:

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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: 1675 BROADWAY SUITE 2600
City: DENVER State: CO Zip: 80202
4. Contact Name: Erin Ekblad
Phone: (720) 616.4319
Fax: (720) 616.4301
Email: eekblad@syrginfo.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: ☒

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 ☒ 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: ☒

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

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)