

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400137648

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10311 4. Contact Name: Rhonda Sandquist
2. Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073
3. Address: 20203 HIGHWAY 60 Fax: (970) 737-1045
City: PLATTEVILLE State: CO Zip: 80651

5. API Number 05-123-30462-00 6. County: WELD
7. Well Name: SRC TK Well Number: 12-36D
8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6
Footage at surface: Distance: 296 feet Direction: FNL Distance: 1355 feet Direction: FWL
As Drilled Latitude: 40.538224 As Drilled Longitude: -104.730295

GPS Data:

Data of Measurement: 03/25/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: A. Demo

** If directional footage

at Top of Prod. Zone Distance: 298 feet Direction: FNL Distance: 1355 feet Direction: FWL
Sec: 36 Twp: 7N Rng: 66W
at Bottom Hole Distance: 298 feet Direction: FNL Distance: 1355 feet Direction: FWL
Sec: 36 Twp: 7N Rng: 66W

9. Field Name: EATON 10. Field Number: 19350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/11/2010 13. Date TD: 03/18/2010 14. Date Casing Set or D&A: 03/18/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7870 TVD 7478 17 Plug Back Total Depth MD 7765 TVD 737318. Elevations GR 4856 KB 4868

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Compensated Density Compensated Neutron Dual Induction Log
Cement Bond Gamma Ray Collar Correlation Log

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 550 | 390 | 0 | 550 | CBL |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,760 | 605 | 3,096 | 7,760 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| GREELEY SAND | 3,044 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 4,062 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,920 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 7,210 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,398 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,678 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,701 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Rhonda Sandquist

Title: Land Assistant

Date: _____

Email: rsandquist@syrinfo.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400153013 | LAS- |
| 400153014 | DIRECTIONAL SURVEY |
| 400153015 | CEMENT JOB SUMMARY |
| 400153016 | OTHER |

Total Attach: 4 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)