


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  400119690	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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    05-123-30075-00		6. County:    WELD					
7. Well Name:    SRC		Well Number:    31-5D					
8. Location:    QtrQtr:    SWSE    Section:    32    Township:    6N    Range:    66W    Meridian:    6							
Footage at surface:    Distance:    855    feet    Direction:    FSL		Distance:    2106    feet    Direction:    FEL					
As Drilled Latitude:    40.439565		As Drilled Longitude:    -104.799974					
GPS Data:							
Date of Measurement:    03/12/2010		PDOP Reading:    1.3    GPS Instrument Operator's Name:    T. Geisick					
** If directional footage at Top of Prod. Zone		Dist.:    593    feet. Direction:    FNL    Dist.:    2148    feet. Direction:    FEL					
Sec:    32    Twp:    6N    Rng:    66W							
** If directional footage at Bottom Hole		Dist.:    593    feet. Direction:    FNL    Dist.:    2148    feet. Direction:    FEL					
Sec:    32    Twp:    6N    Rng:    66W							
9. Field Name:    WATTENBERG		10. Field Number:    90750					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    11/12/2009    13. Date TD:    11/16/2009    14. Date Casing Set or D&A:    11/16/2009							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    7552    TVD**    7284		17 Plug Back Total Depth    MD    7537    TVD**    7522					
18. Elevations    GR    4772    KB    4784		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:							
Spectral Density Sual Spaced Neutron Array Compensated True Resistivity Compensated Spectral Natural Gamma Ray Cement Bond Log							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### 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	638	450	0	638	CALC
1ST	7+7/8	4+1/2	11.6	0	7,537	500	3,347	7,537	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	
PARKMAN	3,705		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,508		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,971		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,088		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,381		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,403		<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 Sandquisst

Title: Land Assistant Date: 4/18/2011 Email: rsandquist@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400145776	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400145780	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400119690	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400145811	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400145822	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	rec'd. hard copy of triple combo log.	7/8/2011 1:39:21 PM
Permit	rec'd PDF and LAS versions of triple combo on 7/5/11.	7/8/2011 1:05:12 PM
Permit	e-mailed Rhonda Sandquist requesting PDF and LAS versions of Triple Combo	6/28/2011 9:33:47 AM

Total: 3 comment(s)