

FORM
5
Rev
02/08

State 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:
400138133

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
2. Name of Operator: SYNERGY RESOURCES CORPORATION
3. Address: 20203 HIGHWAY 60
City: PLATTEVILLE State: CO Zip: 80651
4. Contact Name: Kori Thoren
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-31656-00
6. County: WELD
7. Well Name: SRC M&T Farms Well Number: 33-10D
8. Location: QtrQtr: SWSE Section: 10 Township: 6N Range: 65W Meridian: 6
Footage at surface: Distance: 670 feet Direction: FSL Distance: 2017 feet Direction: FEL
As Drilled Latitude: 40.495424 As Drilled Longitude: -104.647298

GPS Data:
Data of Measurement: 03/14/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: A. Demo

** If directional footage
at Top of Prod. Zone Distance: 2158 feet Direction: FNL Distance: 2085 feet Direction: FEL
Sec: 10 Twp: 6N Rng: 65W
at Bottom Hole Distance: 2158 feet Direction: FNL Distance: 2085 feet Direction: FEL
Sec: 10 Twp: 6N Rng: 65W

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) 07/14/2010 13. Date TD: 07/19/2010 14. Date Casing Set or D&A: 07/19/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7571 TVD 7267 17 Plug Back Total Depth MD 7530 TVD 7226

18. Elevations GR 4746 KB 4758
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:
Cement Bond Log
Compensated Density Compensated Neutron Dual Induction

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	651	400	0	651	CBL
1ST	7+7/8	4+1/2	11.6	0	7,604	700	3,000	7,604	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	2,586		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,870		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,637		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,058		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,336		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,360		<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: Kori Thoren

Title: Land Assistant

Date: _____

Email: kthoren@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
400192368	LAS-
400192380	LAS-
400192381	LAS-
400192382	CEMENT JOB SUMMARY
400192384	OTHER
400192387	DIRECTIONAL SURVEY

Total Attach: 6 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)