

**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



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Document Number:  
  
400137635

**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 05-123-30459-00 6. County: WELD  
 7. Well Name: SRC TK Well Number: 36AD  
 8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6  
 Footage at surface: Distance: 318 feet Direction: FNL Distance: 1356 feet Direction: FWL  
 As Drilled Latitude: 40.538171 As Drilled Longitude: -104.730297

GPS Data:  
 Date of Measurement: 03/15/2011 PDOP Reading: 1.1 GPS Instrument Operator's Name: A. Demo

\*\* If directional footage at Top of Prod. Zone Dist.: 1335 feet. Direction: FNL Dist.: 1278 feet. Direction: FWL

Sec: 36 Twp: 7N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1333 feet. Direction: FNL Dist.: 1278 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) 03/04/2010 13. Date TD: 03/11/2010 14. Date Casing Set or D&A: 03/11/2010

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

16. Total Depth MD 7593 TVD\*\* 7476 17 Plug Back Total Depth MD 7340 TVD\*\* 7223

18. 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	551	390	0	551	CALC
1ST	7+7/8	4+1/2	11.6	0	7,569	605	2,006	7,569	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<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: 5/17/2011 Email: rsandquist@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400153132	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400153134	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"/>
2537429	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400137635	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400153131	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)