

FORM  
5Rev  
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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| DE | ET | OE | ES |
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Document Number:

400138190

## 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: Kori Thoren  
 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 05-123-31659-00 6. County: WELD  
 7. Well Name: SRC M&T Farms Well Number: 10XD  
 8. Location: QtrQtr: SWSE Section: 10 Township: 6N Range: 65W Meridian: 6  
 Footage at surface: Distance: 614 feet Direction: FSL Distance: 1946 feet Direction: FEL  
 As Drilled Latitude: 40.495271 As Drilled Longitude: -104.647097

## GPS Data:

Data of Measurement: 03/14/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: A. Demo

## \*\* If directional footage

at Top of Prod. Zone Distance: 1065 feet Direction: FSL Distance: 120 feet Direction: FEL  
 Sec: 10 Twp: 6N Rng: 65W  
 at Bottom Hole Distance: 1065 feet Direction: FSL Distance: 120 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) 08/07/2010 13. Date TD: 08/12/2010 14. Date Casing Set or D&A: 08/12/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
16. Total Depth MD 7748 TVD 7343 17 Plug Back Total Depth MD 7655 TVD 725018. 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             | 559           | 400       | 0       | 559     | CBL    |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,711         | 650       | 3,090   | 7,711   | 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        | 4,018          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,820          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,236          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,520          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,543          |        | <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               |
|-------------|--------------------|
| 400194883   | LAS-               |
| 400194884   | LAS-               |
| 400194885   | LAS-               |
| 400194886   | CEMENT JOB SUMMARY |
| 400194890   | OTHER              |
| 400195250   | DIRECTIONAL SURVEY |

Total Attach: 6 Files

### General Comments

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

Total: 0 comment(s)