

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



DE ET OE ES

Document Number:

400137624

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 05-123-30036-00

6. County: WELD

7. Well Name: SRC

Well Number: 34-32

8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 857 feet Direction: FSL Distance: 2150 feet Direction: FEL

As Drilled Latitude: 40.439569 As Drilled Longitude: -104.800134

GPS Data:

Data of Measurement: 03/12/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: T. Geisick

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 11/03/2009 13. Date TD: 11/08/2009 14. Date Casing Set or D&A: 11/08/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7722 TVD** 17 Plug Back Total Depth MD 7717 TVD**

18. Elevations GR 4772 KB 4786

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 Dual Spaced Neutron Array Compensated True Resistivity
Compensated Spectral Natural Gamma Ray
Cement Bond 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	596	420	0	596	VISU
1ST	7+7/8	4+1/2	11.6	0	7,717	575	2,650	7,717	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	3,570		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,080		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,704		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,866		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,132		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,156		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,552		<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: 4/26/2011 Email: rsandquist@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400146216	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2537437	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400137624	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400149760	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC'D ALL PAPER LOGS	7/27/2011 3:15:46 PM
Permit	e-mailed Rhonda Sandquist requesting paper logs.	6/29/2011 10:47:11 AM

Total: 2 comment(s)