

**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

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 05-123-31656-00

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:

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

** If directional footage at Top of Prod. Zone Dist.: 2158 feet. Direction: FNL Dist.: 2085 feet. Direction: FEL

Sec: 10 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2158 feet. Direction: FNL Dist.: 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 4747 KB 4759

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 | 565 | 400 | 0 | 565 | VISU |
| 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: 8/4/2011 Email: kthoren@syrinfo.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400192382 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400192387 | 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"/> |
| 400192384 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400138133 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400192368 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400192380 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400192381 | IND-DENS-NEU | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------------------------|-------------------------|
| Permit | REC LOGS, DOC# 1669894-95 | 8/15/2011 2:32:21 PM |
| Permit | waiting on logs | 8/8/2011 10:59:52 AM |

Total: 2 comment(s)