

**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:

400139534

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 05-123-32060-00

6. County: WELD

7. Well Name: RBF

Well Number: 24-15D

8. Location: QtrQtr: SESW Section: 15 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 1085 feet Direction: FSL Distance: 1357 feet Direction: FWL

As Drilled Latitude: 40.482625 As Drilled Longitude: -104.884150

GPS Data:

Date of Measurement: 08/29/2011 PDOP Reading: 0.8 GPS Instrument Operator's Name: A. Demo

** If directional footage at Top of Prod. Zone Dist.: 518 feet. Direction: FSL Dist.: 2072 feet. Direction: FWL

Sec: 15 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 518 feet. Direction: FSL Dist.: 2072 feet. Direction: FWL

Sec: 15 Twp: 6N Rng: 67W

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) 11/19/2010 13. Date TD: 01/23/2010 14. Date Casing Set or D&A: 01/24/2010

15. Well Classification:

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

16. Total Depth MD 7466 TVD** 7351 17 Plug Back Total Depth MD 7352 TVD** 7237

18. Elevations GR 4780 KB 4792

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
Gamma Ray CCL Cement Bond VDL

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	461	370	0	461	CBL
1ST	7+7/8	4+1/2	11.6	0	7,413	710	2,100	7,413	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	2,407		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,538		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,252		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,654		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,944		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,242		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,264		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 9/23/2011 Email: kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400208124	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400208127	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"/>
400208123	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400139534	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400208119	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)