

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:

400211637

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  
2. Name of Operator: SYNERGY RESOURCES CORPORATION  
3. Address: 20203 HIGHWAY 60  
City: PLATTEVILLE State: CO Zip: 80651  
4. Contact Name: Kori Thoren  
Phone: (970) 737-1073  
Fax: (970) 737-1045

5. API Number 05-123-31821-00  
6. County: WELD  
7. Well Name: SRC Pratt  
Well Number: 29TD  
8. Location: QtrQtr: SESE Section: 29 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 944 feet Direction: FSL Distance: 1094 feet Direction: FEL  
As Drilled Latitude: 40.017369 As Drilled Longitude: -105.022134

GPS Data:

Data of Measurement: 08/29/2011 PDOP Reading: 0.7 GPS Instrument Operator's Name: A. Demo

\*\* If directional footage at Top of Prod. Zone Dist.: 180 feet. Direction: FSL Dist.: 1295 feet. Direction: FEL

Sec: 29 Twp: 1N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 180 feet. Direction: FSL Dist.: 1295 feet. Direction: FEL

Sec: 29 Twp: 1N Rng: 68W

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) 12/30/2010 13. Date TD: 01/05/2010 14. Date Casing Set or D&A: 01/06/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8777 TVD\*\* 8674 17 Plug Back Total Depth MD 8699 TVD\*\* 8596

18. Elevations GR 5179 KB 5191

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 Gamma Ray

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	941	660	0	941	CALC
1ST	7+7/8	4+1/2	11.6	0	8,755	615	5,590	8,755	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	
NIOBRARA	7,667		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,102		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,134		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,570		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,760		<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: 10/21/2011 Email: kthoren@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400216408	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400216406	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400211637	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	req digital log	10/24/2011 12:02:56 PM

Total: 1 comment(s)