

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:

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

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 05-123-31821-00

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 ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 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"/> |
| <u>Other Attachments</u> | | | |
| 400211637 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| Permit | req digital log | 10/24/2011 12:02:56 PM |

Total: 1 comment(s)