

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:

400245433

## 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 05-123-32971-00

6. County: WELD

7. Well Name: SRC Pratt

Well Number: 24-29D

8. Location: QtrQtr: SWSW Section: 29 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1099 feet Direction: FSL Distance: 1161 feet Direction: FWL

As Drilled Latitude: 40.017777 As Drilled Longitude: -105.032747

## GPS Data:

Date 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.: 670 feet. Direction: FSL Dist.: 1939 feet. Direction: FWL

Sec: 29 Twp: 1N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 670 feet. Direction: FSL Dist.: 1939 feet. Direction: FWL

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) 03/29/2011 13. Date TD: 04/06/2011 14. Date Casing Set or D&amp;A: 04/06/2011

## 15. Well Classification:

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

16. Total Depth MD 8717 TVD\*\* 8609 17 Plug Back Total Depth MD 8627 TVD\*\* 8519

18. Elevations GR 5142 KB 5154

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:

Gamma Ray C.C.L Cement Bond V.D.L.

## 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	939	660	0	939	CBL
1ST	7+7/8	4+1/2	11.6	0	8,686	720	4,900	8,686	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	
PARKMAN	4,420		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,800		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,670		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,096		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,118		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,551		<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: \_\_\_\_\_ Email: kthoren@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400246928	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400246930	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"/>
400246929	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)