

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:
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
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 05-123-32971-00
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&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:

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@syrginfo.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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)