

**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



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Document Number:  
400262762

Date Received:

**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 05-123-33842-00 6. County: WELD  
 7. Well Name: Margil Well Number: 22-34D  
 8. Location: QtrQtr: SWNW Section: 34 Township: 4N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1342 feet Direction: FNL Distance: 1237 feet Direction: FWL  
 As Drilled Latitude: 40.273398 As Drilled Longitude: -104.994243

GPS Data:  
 Date of Measurement: 09/21/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: B. Birch

\*\* If directional footage at Top of Prod. Zone Dist.: 2029 feet. Direction: FNL Dist.: 1993 feet. Direction: FWL  
 Sec: 34 Twp: 4N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 2029 feet. Direction: FNL Dist.: 1993 feet. Direction: FWL  
 Sec: 34 Twp: 4N 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) 08/01/2011 13. Date TD: 08/12/2011 14. Date Casing Set or D&A: 08/13/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8148 TVD\*\* 8025 17 Plug Back Total Depth MD 8050 TVD\*\* 7927

18. Elevations GR 5106 KB 5118 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:  
High Resolution Induction Compensated Density Compensated Neutron  
Cement Bond V.D.L. Gamma Ray & C.C.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	687	480	0	687	CBL
1ST	7+7/8	4+1/2	11.6	0	8,108	800	2,278	8,108	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	3,770		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,292		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,802		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,240		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,511		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,530		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,980		<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@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400262831	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400262833	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"/>
400262832	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400262829	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262835	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)