

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:

400273591

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: Craig Rasmuson

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 05-123-30468-00

6. County: WELD

7. Well Name: Cletcher

Well Number: 12-21D

8. Location: QtrQtr: SENW Section: 21 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1521 feet Direction: FNL Distance: 1440 feet Direction: FWL

As Drilled Latitude: 40.301876 As Drilled Longitude: -105.012675

## GPS Data:

Data of Measurement: 10/11/2011 PDOP Reading: 0.8 GPS Instrument Operator's Name: B. Albrandt

\*\* If directional footage at Top of Prod. Zone Dist.: 2009 feet. Direction: FNL Dist.: 518 feet. Direction: FWL

Sec: 21 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2009 feet. Direction: FNL Dist.: 518 feet. Direction: FWL

Sec: 21 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) 09/06/2011 13. Date TD: 09/10/2011 14. Date Casing Set or D&amp;A: 09/11/2011

## 15. Well Classification:

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

16. Total Depth MD 6875 TVD\*\* 6745 17 Plug Back Total Depth MD 6834 TVD\*\* 6704

18. Elevations GR 4936 KB 4948

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:

VDL CCL Gamma Ray Cement Bond Log  
High Resolution Induction Compensated Density Compensated Neutron

## 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	430	0	687	CBL
1ST	7+7/8	4+1/2	11.6	0	8,174	805	1,900	8,174	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	2,500		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	2,978		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,530		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,924		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,229		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,249		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,704		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please Cc: crasmuson@syrinfo.com on any future correspondence for this form.

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>					
400276501	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400276510	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"/>
400276506	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400276498	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400276661	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400276801	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)