

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:
400276557

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 05-123-30467-00 6. County: WELD
 7. Well Name: Cletcher Well Number: 21A
 8. Location: QtrQtr: SENW Section: 21 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 1502 feet Direction: FNL Distance: 1440 feet Direction: FWL
 As Drilled Latitude: 40.301927 As Drilled Longitude: -105.012675

GPS Data:
 Date 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.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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) 09/11/2011 13. Date TD: 09/15/2011 14. Date Casing Set or D&A: 09/16/2011

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

16. Total Depth MD 6868 TVD** _____ 17 Plug Back Total Depth MD 6774 TVD** _____

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 | 603 | 430 | 0 | 603 | CBL |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 6,833 | 740 | 2,000 | 6,833 | 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 | 2,505 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,070 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 3,500 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 5,890 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,184 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,204 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 6,651 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Please Cc: crasmuson@syrginfo.com with all future correspondence on 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@syrginfo.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400276838 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400276841 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400276824 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400276826 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)