

**FORM**  
**5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400268689

Date Received:

04/13/2012

**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 05-123-33835-00

6. County: WELD

7. Well Name: Margil

Well Number: 21-34D

8. Location: QtrQtr: NWNW Section: 34 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1286 feet Direction: FNL Distance: 1213 feet Direction: FWL

As Drilled Latitude: 40.273543 As Drilled Longitude: -104.994334

## GPS Data:

Date of Measurement: 09/21/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: B. Birch

\*\* If directional footage at Top of Prod. Zone Dist.: 736 feet. Direction: FNL Dist.: 1928 feet. Direction: FWL

Sec: 34 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 739 feet. Direction: FNL Dist.: 1929 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) 08/25/2011 13. Date TD: 08/29/2011 14. Date Casing Set or D&amp;A: 08/30/2011

## 15. Well Classification:

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

16. Total Depth MD 8151 TVD\*\* 8049 17 Plug Back Total Depth MD 8111 TVD\*\* 8009

18. Elevations GR 5104 KB 5116

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	676	490	0	676	CALC
1ST	7+7/8	4+1/2	11.6	0	8,145	965	1,186	8,145	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	3,758		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,380		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,796		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,223		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,502		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,524		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,981		<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: 4/13/2012 Email: kthoren@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400272034	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400272036	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400268689	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400272032	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400272037	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Per operator corrected SHL, top of production, BHL, and added J sand formation top.	3/2/2012 6:26:53 AM
Permit	On Hold. SHL does not match form 2. Missing formations and digital logs.	7/23/2012 12:22:28 PM

Total: 2 comment(s)