

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:

400317604

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
2. Name of Operator: SYNERGY RESOURCES CORPORATION
3. Address: 20203 HIGHWAY 60
City: PLATTEVILLE State: CO Zip: 80651
4. Contact Name: Brianne Visconti
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-34541-00
6. County: WELD
7. Well Name: SRC GCC Well Number: 10VD
8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 66W Meridian: 6
Footage at surface: Distance: 2430 feet Direction: FSL Distance: 756 feet Direction: FEL
As Drilled Latitude: 40.413556 As Drilled Longitude: -104.759007

GPS Data:

Data of Measurement: 07/10/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: M. Wallace

** If directional footage at Top of Prod. Zone Dist.: 902 feet. Direction: FNL Dist.: 118 feet. Direction: FEL

Sec: 10 Twp: 5N Rng: 66W

** If directional footage at Bottom Hole Dist.: 905 feet. Direction: FNL Dist.: 123 feet. Direction: FEL

Sec: 10 Twp: 5N Rng: 66W

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) 04/13/2012 13. Date TD: 04/18/2012 14. Date Casing Set or D&A: 04/19/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8195 TVD** 7923 17 Plug Back Total Depth MD 8170 TVD** 7898

18. Elevations GR 4858 KB 4870

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:

CB

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	700	318	0	700	CBL
1ST	7+7/8	4+1/2	11.6	0	8,195	1,035	0	8,195	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	
GREELEY SAND	2,660		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,750		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,250		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,915		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,006		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,292		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,312		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,758		<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: Brianne Visconti

Title: Administrator Date: _____ Email: bvisconti@syreginfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400317619	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400317618	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>			
400317616	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317617	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)