

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:

400319218

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: Brianne Visconti
 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 05-123-34538-00 6. County: WELD
 7. Well Name: SRC GCC Well Number: 42-10D
 8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 66W Meridian: 6
 Footage at surface: Distance: 2437 feet Direction: FSL Distance: 769 feet Direction: FEL
 As Drilled Latitude: 40.413576 As Drilled Longitude: -104.759053

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.: 1999 feet. Direction: FNL Dist.: 965 feet. Direction: FEL
Sec: 10 Twp: 5N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1990 feet. Direction: FNL Dist.: 969 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) 04/05/2012 13. Date TD: 04/11/2012 14. Date Casing Set or D&A: 04/12/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7720 TVD** 7639 17 Plug Back Total Depth MD 7626 TVD** 7545

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:

Cement Bond Log
 Spectral Density Dual Spaced Neutron Array Compensated True Resistivity

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+7/8	24	0	701	339	0	701	CBL
1ST	7+7/8	4+1/2	11.6	0	7,720	1,080		7,720	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	2,708		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,745		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,313		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,904		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,020		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,280		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,303		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,358		<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@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400319298	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400319296	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"/>
Other Attachments			
400319289	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400319294	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)