

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



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Document Number:
400341651

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 05-123-35492-00 6. County: WELD
 7. Well Name: Coyle Well Number: 32-34D
 8. Location: QtrQtr: SWNE Section: 34 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 1342 feet Direction: FNL Distance: 1401 feet Direction: FEL
 As Drilled Latitude: 40.273521 As Drilled Longitude: -104.984808

GPS Data:
 Date of Measurement: 09/14/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: B. Birch

** If directional footage at Top of Prod. Zone Dist.: 2024 feet. Direction: FNL Dist.: 1998 feet. Direction: FEL
 Sec: 34 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2048 feet. Direction: FNL Dist.: 2017 feet. Direction: FEL
 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) 08/17/2012 13. Date TD: 08/21/2012 14. Date Casing Set or D&A: 08/22/2012

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

16. Total Depth MD 7862 TVD** 7795 17 Plug Back Total Depth MD 7810 TVD** 7743

18. Elevations GR 5111 KB 5123 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:
 CBL
 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	640	245	0	640	CBL
1ST	7+7/8	4+1/2	11.6	0	7,918	865	0	7,918	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	3,703		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,304		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,707		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,134		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,431		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,498		<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 ?	
<u>Attachment Checklist</u>			
400341666	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400341671	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>			
400341664	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341665	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)