

FORM
5Rev
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:

400341680

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 05-123-35485-00

6. County: WELD

7. Well Name: Coyle

Well Number: 34C

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

Footage at surface: Distance: 1328 feet Direction: FNL Distance: 1415 feet Direction: FEL

As Drilled Latitude: 40.273558 As Drilled Longitude: -104.984859

GPS Data:

Data 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.: 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) 08/12/2012 13. Date TD: 08/16/2012 14. Date Casing Set or D&A: 08/17/2012

15. Well Classification:

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

16. Total Depth MD 7793 TVD** 17 Plug Back Total Depth MD 7740 TVD**

18. Elevations GR 5111 KB 5122

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 | 650 | 365 | 0 | 650 | CBL |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,935 | 893 | 0 | 7,935 | 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 | 3,690 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,168 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,719 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,123 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,416 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,436 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,478 | | <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> | | |
| 400341688 | 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"/> |
| | Other | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | |
| 400341684 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400341687 | LAS-DENSITY/NEUTRON | 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)