

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:
400303887

Date Received:
07/10/2012

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: 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 05-123-34054-00 6. County: WELD
 7. Well Name: Klein Well Number: 43-8D
 8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 67W Meridian: 6
 Footage at surface: Distance: 191 feet Direction: FSL Distance: 2217 feet Direction: FEL
 As Drilled Latitude: 40.320777 As Drilled Longitude: -104.913945

GPS Data:
 Date of Measurement: 03/22/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: B. Birch

** If directional footage at Top of Prod. Zone Dist.: 1970 feet. Direction: FSL Dist.: 527 feet. Direction: FEL
 Sec: 8 Twp: 4N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1970 feet. Direction: FSL Dist.: 527 feet. Direction: FEL
 Sec: 8 Twp: 4N Rng: 67W

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) 02/02/2012 13. Date TD: 02/03/2012 14. Date Casing Set or D&A: 02/04/2012

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

16. Total Depth MD 8212 TVD** 7756 17 Plug Back Total Depth MD 8215 TVD** 7759

18. Elevations GR 4794 KB 4806 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:

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	550	410	0	550	CALC
1ST	7+7/8	4+1/2	11.6	0	8,215	1,032	1,530	8,215	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	2,378		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,716		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,340		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,814		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,267		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,568		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,591		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,036		<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: Adimistrator Date: 7/10/2012 Email: bvisconti@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400303935	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400303938	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400303887	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400303933	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Logs received.	10/23/2012 11:48:58 AM
Permit	Received and input casing data.	10/11/2012 9:37:03 AM
Permit	Requested: Casing depth, sack of cement, cement top and cement bottom Digital and paper logs	10/10/2012 12:58:46 PM

Total: 3 comment(s)