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Document Number:
400317604

Date Received:
08/23/2012

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 05-123-34541-00 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:
 Date 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.: 1322 feet. Direction: FNL Dist.: 118 feet. Direction: FEL
 Sec: 10 Twp: 5N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1325 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 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,195 | 1,035 | 1,030 | 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: 8/23/2012 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> | | | |
| 400317604 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 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 |
|------------|---|--------------------------|
| Permit | Made corrections for operator. | 11/1/2012 8:15:05 AM |
| Permit | Operator needs to recalculate FNL footage for BHL and TPZ. Should be ~1305. | 10/31/2012 3:40:34 PM |

Total: 2 comment(s)