

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:

400372013

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 05-123-33222-00

6. County: WELD

7. Well Name: SRC Pratt

Well Number: 13-2D

8. Location: QtrQtr: NESW Section: 2 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1573 feet Direction: FSL Distance: 1275 feet Direction: FWL

As Drilled Latitude: 40.339850 As Drilled Longitude: -104.975233

## GPS Data:

Data of Measurement: 01/16/2013 PDOP Reading: 1.1 GPS Instrument Operator's Name: D. Olson

\*\* If directional footage at Top of Prod. Zone Dist.: 2055 feet. Direction: FSL Dist.: 557 feet. Direction: FWL

Sec: 2 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2081 feet. Direction: FSL Dist.: 532 feet. Direction: FWL

Sec: 2 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) 11/29/2012 13. Date TD: 12/02/2012 14. Date Casing Set or D&amp;A: 12/03/2012

## 15. Well Classification:

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

16. Total Depth MD 7800 TVD\*\* 7744 17 Plug Back Total Depth MD 7766 TVD\*\* 7710

18. Elevations GR 5004 KB 5017

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  
HRI

## 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	606	175	0	606	CBL
1ST	7+7/8	4+1/2	11.6	0	7,789	720	0	7,789	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,449		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,942		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,494		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,866		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,186		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,204		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,665		<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 ?
<b>Attachment Checklist</b>		
400372025	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400372027	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"/>
<b>Other Attachments</b>		
400372017	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400372018	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400372021	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400372023	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400372024	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)