

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:

400372028

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 05-123-36387-00

6. County: WELD

7. Well Name: SRC Pratt

Well Number: 2KD

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

Footage at surface: Distance: 1574 feet Direction: FSL Distance: 1235 feet Direction: FWL

As Drilled Latitude: 40.339849 As Drilled Longitude: -104.975378

GPS Data:

Data of Measurement: 01/16/2013 PDOP Reading: 1.2 GPS Instrument Operator's Name: D. Olson

** If directional footage at Top of Prod. Zone Dist.: 2505 feet. Direction: FSL Dist.: 1249 feet. Direction: FWL

Sec: 2 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2529 feet. Direction: FSL Dist.: 1251 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) 12/10/2012 13. Date TD: 12/15/2012 14. Date Casing Set or D&A: 12/16/2012

15. Well Classification:

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

16. Total Depth MD 7840 TVD** 7771 17 Plug Back Total Depth MD 7802 TVD** 7733

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

Logs bridged out, no other logs were run on this well.

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	615	175	0	615	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:

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	
SUSSEX	3,960		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,504		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,900		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,220		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,682		<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>					
400372059	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400372062	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>					
400372049	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400372050	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400372057	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400372058	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)