

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:

400341185

Date Received:

10/30/2012

## 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 05-123-35483-00

6. County: WELD

7. Well Name: Coyle

Well Number: 41-34D

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

Footage at surface: Distance: 1284 feet Direction: FNL Distance: 1458 feet Direction: FEL

As Drilled Latitude: 40.273672 As Drilled Longitude: -104.985006

## 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.: 694 feet. Direction: FNL Dist.: 567 feet. Direction: FEL

Sec: 34 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 650 feet. Direction: FNL Dist.: 518 feet. Direction: FEL

Sec: 34 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) 07/23/2012 13. Date TD: 07/29/2012 14. Date Casing Set or D&amp;A: 07/30/2012

## 15. Well Classification:

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

16. Total Depth MD 7896 TVD\*\* 7796 17 Plug Back Total Depth MD 7866 TVD\*\* 7766

18. Elevations GR 5110 KB 5121

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	680	263	0	680	CALC
1ST	7+7/8	4+1/2	11.6	0	7,975	940	990	7,975	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	3,702		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,230		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,758		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,548		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,219		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,500		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,519		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,571		<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: 10/30/2012 Email: bvisconti@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400341229	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400341235	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>					
400341185	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400341205	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400341209	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400341226	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Corrected formation tops as per opr. FracFocus has been uploaded.	1/17/2013 1:45:37 PM
Permit	Requested Opr to enter data into FracFocus and to check formation tops compared to the form 5A Doc 400364511	1/14/2013 2:16:11 PM

Total: 2 comment(s)