

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.

Document Number:
400356203

Date Received:
12/28/2012

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 05-123-35924-00 6. County: WELD
 7. Well Name: Olson Well Number: 41-3
 8. Location: QtrQtr: NENE Section: 3 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 760 feet Direction: FNL Distance: 760 feet Direction: FEL
 As Drilled Latitude: 40.260550 As Drilled Longitude: -104.982595

GPS Data:
 Date of Measurement: 12/14/2012 PDOP Reading: 0.5 GPS Instrument Operator's Name: D. Olson

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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) 08/29/2012 13. Date TD: 09/02/2012 14. Date Casing Set or D&A: 09/03/2012

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

16. Total Depth MD 7725 TVD** _____ 17 Plug Back Total Depth MD 7678 TVD** _____

18. Elevations GR 5041 KB 5055 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/CN/CD

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	11.6	0	1,034	320	0	1,034	CALC
1ST	7+7/8	4+1/2	24	0	7,704	755	850	7,704	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	3,649		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,133		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,650		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,583		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,049		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,343		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,364		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,436		<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: 12/28/2012 Email: bvisconti@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400356254	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400356203	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356235	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356239	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356250	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)