

**FORM
5**Rev
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



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Document Number:
400356262

Date Received:
12/28/2012

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 05-123-35922-00	6. County: WELD
7. Well Name: Olson	Well Number: 32-3D
8. Location: QtrQtr: NENE Section: 3 Township: 3N Range: 68W Meridian: 6	
Footage at surface: Distance: 796 feet Direction: FNL	Distance: 787 feet Direction: FEL
As Drilled Latitude: 40.260451	As Drilled Longitude: -104.982686

GPS Data:

Data of Measurement: 12/14/2012 PDOP Reading: 0.7 GPS Instrument Operator's Name: D. Olson

** If directional footage at Top of Prod. Zone Dist.: 1942 feet. Direction: FNL Dist.: 2028 feet. Direction: FEL

Sec: 3 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1948 feet. Direction: FNL Dist.: 2031 feet. Direction: FEL

Sec: 3 Twp: 3N 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) 09/13/2012 13. Date TD: 09/17/2012 14. Date Casing Set or D&A: 09/18/2012

15. Well Classification:

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

16. Total Depth MD 7967 TVD** 7754 17 Plug Back Total Depth MD 7920 TVD** 7707

18. Elevations GR 5042 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/CD/CN

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	1,024	315	0	1,024	CALC
1ST	7+7/8	4+1/2	24	0	7,947	775	770	7,947	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	3,710		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,204		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,767		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,294		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,588		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,608		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,656		<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		
400356303	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400356307	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"/>
Other Attachments		
400356262	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356289	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356292	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356299	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356300	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)