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Document Number:
400617278

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 05-123-37688-00 6. County: WELD
 7. Well Name: PHELPS Well Number: A-32NHZX
 8. Location: QtrQtr: SENE Section: 32 Township: 1N Range: 66W Meridian: 6
 Footage at surface: Distance: 1761 feet Direction: FNL Distance: 200 feet Direction: FEL
 As Drilled Latitude: 40.010083 As Drilled Longitude: -104.792375

GPS Data:
 Date of Measurement: 11/10/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Aaron Demo

** 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) 11/07/2013 13. Date TD: 11/07/2013 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 676 TVD** _____ 17 Plug Back Total Depth MD 676 TVD** _____

18. Elevations GR 5019 KB 5031 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:

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 |
| OPEN HOLE | 13+1/2 | | | 0 | 676 | | 0 | | |

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Encountered water while drilling, P&A the well 11/8/14.

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: _____ Date: _____ Email: bvisconti@syrinfo.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|------------------------------|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)