

DRILLING COMPLETION REPORT

Document Number:
401308897

Date Received:

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

OGCC Operator Number: 10311 Contact Name: Erin Ekblad
 Name of Operator: SRC ENERGY INC Phone: (720) 616.4319
 Address: 1675 BROADWAY SUITE 2600 Fax: (720) 616.4301
 City: DENVER State: CO Zip: 80202

API Number 05-123-41853-00 County: WELD
 Well Name: Fagerberg Well Number: 36N-7B-M
 Location: QtrQtr: SWSW Section: 12 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 1111 feet Direction: FSL Distance: 235 feet Direction: FWL
 As Drilled Latitude: 40.498620 As Drilled Longitude: -104.734128

GPS Data:
 Date of Measurement: 07/25/2016 PDOP Reading: 1.5 GPS Instrument Operator's Name: Rob Wilson

** If directional footage at Top of Prod. Zone Dist.: 340 feet. Direction: FSL Dist.: 678 feet. Direction: FWL
 Sec: 12 Twp: 6N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 338 feet. Direction: FSL Dist.: 2050 feet. Direction: FEL
 Sec: 7 Twp: 6N Rng: 66W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/30/2016 Date TD: 04/05/2016 Date Casing Set or D&A: 04/07/2016
 Rig Release Date: 07/24/2016 Per Rule 308A.b.

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

Total Depth MD 15379 TVD** 7062 Plug Back Total Depth MD 15244 TVD** 7059

Elevations GR 4801 KB 4820 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, CBL, Mud Log (GR & DIL in 05.123.29234)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	65	0	40	43	0	40	VISU
SURF	13+1/2	9+5/8	36	0	1,743	550	0	1,743	VISU
1ST	8+1/2	5+1/2	17	0	15,359	2,302	599	15,359	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,720		NO	NO	
SUSSEX	4,442		NO	NO	
SHANNON	4,892		NO	NO	
SHARON SPRINGS	7,027		NO	NO	
NIOBRARA	7,080		NO	NO	

Comment:

Please note on this pad Open Hole GR & DIL run Ottoson I 12-12 (API# 05.123.29234), Synergy received an approved 317.p. Open Hole Logging Exception.

The mud log has an incorrect surface casing setting depth.

Each attachment and log run during the drilling and completion of a well is intended to fulfill a specific purpose. At times, vendors that run these logs or jobs put additional data in their report that is not critical or relevant to the technical purpose of their job. This data is not verified with Synergy and at times is not 100% accurate. For example, setting depths for a liner, date casing was set, or TD dates on a mud log may not be accurate. Synergy confirms setting depths through either daily drilling reports or liner reports, confirms date casing was set through daily drilling reports, and confirms TD through either our Pason system or daily drilling reports. Additionally, Synergy confirms liner tops through liner reports and not the CBL. Synergy is not able to request that these vendors not include this information in their report.

A formal as-drilled was performed and is attached with this submittal as verification of the surface location and ground elevation. Any other attachment that shows a different surface location or ground elevation is not accurate.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Erin Ekblad

Title: Manager Regulatory Affair

Date: _____

Email: eekblad@srcenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401315776	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401315771	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			
401315746	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315753	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315755	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315757	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315758	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315759	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315761	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401315768	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401319467	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)