

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:
400109406

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: Rhonda Sandquist
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 05-123-29171-00 6. County: WELD
7. Well Name: MEYER Well Number: 3
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6
Footage at surface: Distance: 875 feet Direction: FNL Distance: 411 feet Direction: FWL
As Drilled Latitude: 40.389914 As Drilled Longitude: -104.792725

GPS Data:

Data of Measurement: 03/12/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: T. Geisick

** If directional footage

at Top of Prod. Zone Distance: 2115 feet Direction: FNL Distance: 660 feet Direction: FWL
Sec: 21 Twp: 5N Rng: 66W
at Bottom Hole Distance: 2115 feet Direction: FNL Distance: 660 feet Direction: FWL
Sec: 21 Twp: 5N Rng: 66W

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) 09/25/2009 13. Date TD: 09/28/2009 14. Date Casing Set or D&A: 11/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7745 TVD 7561 17 Plug Back Total Depth MD 7716 TVD 7731

18. Elevations GR 4925 KB 4939

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:

Spectral Density Dual Spaced Neutron Array Compensated Tru Resistivity
Compensated Spectral Natural Gamma Ray
Cement Bond Log

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8	24	460	340	0	460	CBL
1ST	7+7/8	4+1/2	11.6	7,730	495	0	7,730	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	3,905		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,653		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,108		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,322		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,554		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,574		<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: Rhonda Sandquist
 Title: land Assistant Date: _____ Email: rsandquist@syrinfo.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400112093	LAS-CEMENT BOND
400112094	LAS-CEMENT BOND
400112095	LAS-GAMMA RAY
400112102	DIRECTIONAL SURVEY
400112138	CEMENT JOB SUMMARY

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)