

**FORM**  
**5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400137078

**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: 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 05-123-29198-00 6. County: WELD  
7. Well Name: MEYER Well Number: 8  
8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 66W Meridian: 6  
Footage at surface: Distance: 853 feet Direction: FNL Distance: 470 feet Direction: FWL  
As Drilled Latitude: 40.389988 As Drilled Longitude: -104.792464

## 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: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ 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) 09/02/2009 13. Date TD: 09/05/2009 14. Date Casing Set or D&A: 09/05/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7678 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7622 TVD \_\_\_\_\_18. Elevations GR 4924 KB 4937

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:

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

## 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	24	0	470	340	0	470	CBL
1ST	7+7/8	4+1/2	11.6	0	7,502	490	3,170	7,502	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	3,790		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,502		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,938		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,048		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,360		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,383		<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
400151422	LAS-
400151423	LAS-
400151430	CEMENT JOB SUMMARY
400151433	OTHER

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)