

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:
400137668

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
2. Name of Operator: SYNERGY RESOURCES CORPORATION
3. Address: 20203 HIGHWAY 60
City: PLATTEVILLE State: CO Zip: 80651
4. Contact Name: Rhonda Sandquist
Phone: (970) 737-1073
Fax: (970) 737-1045

5. API Number 05-123-30460-00
6. County: WELD
7. Well Name: SRC TK Well Number: 11-36D
8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 66W Meridian: 6
Footage at surface: Distance: 230 feet Direction: FNL Distance: 1355 feet Direction: FWL
As Drilled Latitude: 40.538386 As Drilled Longitude: -104.730284

GPS Data:

Data of Measurement: 03/15/2011 PDOP Reading: 1.1 GPS Instrument Operator's Name: A. Demo

** If directional footage

at Top of Prod. Zone Distance: 239 feet Direction: FNL Distance: 1353 feet Direction: FWL
Sec: 36 Twp: 7N Rng: 66W
at Bottom Hole Distance: 239 feet Direction: FNL Distance: 1353 feet Direction: FWL
Sec: 36 Twp: 7N Rng: 66W

9. Field Name: EATON 10. Field Number: 19350
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/31/2010 13. Date TD: 04/05/2010 14. Date Casing Set or D&A: 04/05/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7591 TVD 7491 17 Plug Back Total Depth MD 7473 TVD 7373

18. Elevations GR 4856 KB 4868

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:

Compensated Density Compensated Neutron Dual Induction
Cement Bond Gamma Ray Collar Correlation 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	550	390	0	550	CBL
1ST	7+7/8	4+1/2	11.6	0	7,500	560	2,790	7,500	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	
GREELEY SAND	2,944		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,870		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,645		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,116		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,396		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,419		<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
400151680	DIRECTIONAL SURVEY
400151681	OTHER
400152877	CEMENT JOB SUMMARY
400153010	LAS-

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)