

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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Document Number:
400138043

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 05-123-30743-00 6. County: WELD
 7. Well Name: SRC STATE Well Number: 33-16D
 8. Location: QtrQtr: NESW Section: 16 Township: 4N Range: 67W Meridian: 6
 Footage at surface: Distance: 1405 feet Direction: FSL Distance: 2532 feet Direction: FWL
 As Drilled Latitude: 40.309516 As Drilled Longitude: -104.896680

GPS Data:
 Data of Measurement: 03/14/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: A. Demo

** If directional footage
 at Top of Prod. Zone Distance: 1405 feet Direction: FSL Distance: 2529 feet Direction: FWL
 Sec: 16 Twp: 4N Rng: 67W
 at Bottom Hole Distance: 1405 feet Direction: FSL Distance: 2529 feet Direction: FWL
 Sec: 16 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 88/5056-S

12. Spud Date: (when the 1st bit hit the dirt) 06/14/2010 13. Date TD: 06/19/2010 14. Date Casing Set or D&A: 06/19/2010

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

16. Total Depth MD 7570 TVD 7446 17 Plug Back Total Depth MD 7513 TVD 7389

18. Elevations GR 4908 KB 4920 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 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	648	460	0	648	CBL
1ST	7+7/8	4+1/2	11.6	0	7,547	690	2,606	7,547	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	2,520		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,698		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,230		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,774		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,084		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,382		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,403		<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: rsandquis@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
400156850	LAS-
400156852	OTHER
400156853	DIRECTIONAL SURVEY
400160734	CEMENT JOB SUMMARY
400161586	LAS-

Total Attach: 5 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)