

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:
400260890

Date Received:

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: Kori Thoren
 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 05-123-33194-00 6. County: WELD
 7. Well Name: SRC Pratt Well Number: 31-29D
 8. Location: QtrQtr: SENE Section: 29 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 1654 feet Direction: FNL Distance: 1099 feet Direction: FEL
 As Drilled Latitude: 40.024772 As Drilled Longitude: -105.022160

GPS Data:
 Date of Measurement: 08/29/2011 PDOP Reading: 0.8 GPS Instrument Operator's Name: A. Demo

** If directional footage at Top of Prod. Zone Dist.: 606 feet. Direction: FNL Dist.: 1972 feet. Direction: FEL
 Sec: 29 Twp: 1M Rng: 68W

** If directional footage at Bottom Hole Dist.: 606 feet. Direction: FNL Dist.: 1972 feet. Direction: FEL
 Sec: 29 Twp: 1N Rng: 68W

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) 04/25/2011 13. Date TD: 05/01/2011 14. Date Casing Set or D&A: 05/12/2011

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

16. Total Depth MD 8760 TVD** 8571 17 Plug Back Total Depth MD 8648 TVD** 8459

18. Elevations GR 5215 KB 5227 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:
Cement Bond V.D.L. C.C.L. & Gamma Ray

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	937	660	0	937	CBL
1ST	7+7/8	4+1/2	11.6	0	8,211	640	780	8,211	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	
NIOBRARA	7,850		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,160		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,180		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,604		<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: Kori Thoren

Title: Land Assistant Date: _____ Email: kthoren@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400261024	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400261027	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"/>
400261025	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400261010	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400261031	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)