

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400279137

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: Craig Rasmuson

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 05-123-34123-00

6. County: WELD

7. Well Name: Margil

Well Number: 34BD

8. Location: QtrQtr: NWSW Section: 34 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1547 feet Direction: FSL Distance: 236 feet Direction: FWL

As Drilled Latitude: 40.266790 As Drilled Longitude: -104.997834

## GPS Data:

Date of Measurement: 03/22/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: B. Birch

\*\* If directional footage at Top of Prod. Zone Dist.: 1315 feet. Direction: FSL Dist.: 1325 feet. Direction: FWL

Sec: 34 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1315 feet. Direction: FSL Dist.: 1325 feet. Direction: FWL

Sec: 34 Twp: 4N 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) 12/15/2011 13. Date TD: 12/21/2011 14. Date Casing Set or D&amp;A: 12/22/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8210 TVD\*\* 8064 17 Plug Back Total Depth MD 8160 TVD\*\* 8014

18. Elevations GR 5133 KB 5145

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:

VDL CCL Gamma Ray Cement Bond Log  
High Resolution Compensated Density Compensated Neutron

## 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	694	500	0	694	CBL
1ST	7+7/8	4+1/2	11.6	0	8,210	975	1,800	8,210	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,830		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,420		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,839		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,490		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,274		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,546		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,569		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,025		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
Please Cc: crasmuson@syrinfo.com with all future correspondence on this form.	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>Kori Thoren</u>
Title: <u>Land Assisstant</u>	Date: _____ Email: <u>kthoren@syrinfo.com</u>

### Attachment Check List

Att Doc Num	Document Name	attached ?
<b>Attachment Checklist</b>		
400279158	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400279163	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"/>
400279161	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Other Attachments</b>		
400279144	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400279145	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400279151	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400279156	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400279307	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)