

**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:

400279326

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: Kristin Brewer

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 05-123-34125-00

6. County: WELD

7. Well Name: Margil

Well Number: 24-34D

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

Footage at surface: Distance: 1531 feet Direction: FSL Distance: 227 feet Direction: FWL

As Drilled Latitude: 40.266745 As Drilled Longitude: -104.997866

## 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.: 665 feet. Direction: FSL Dist.: 1960 feet. Direction: FWL

Sec: 34 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 665 feet. Direction: FSL Dist.: 1960 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) 12/22/2011 13. Date TD: 12/28/2011 14. Date Casing Set or D&amp;A: 12/29/2011

## 15. Well Classification:

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

16. Total Depth MD 8490 TVD\*\* 8094 17 Plug Back Total Depth MD 8449 TVD\*\* 8053

18. Elevations GR 5132 KB 5144

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 INDEUCTION 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	650	490	0	650	CBL
1ST	7+7/8	4+1/2	11.6	0	8,490	1,075	2,400	8,490	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	
PARKMAN	3,932		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,422		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,054		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,519		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,803		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,824		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,283		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please CC crasmuson@syrinfo.com with any 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: Kristin Brewer

Title: Land Assitant Date: \_\_\_\_\_ Email: kbrewer@syrinfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400279389	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400279392	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"/>
400279383	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400279351	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279359	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279372	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279381	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279395	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)