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Document Number:  
400303562

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: Brianne Visconti  
 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 05-123-34053-00 6. County: WELD  
 7. Well Name: Klein Well Number: 34-8D  
 8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 67W Meridian: 6  
 Footage at surface: Distance: 191 feet Direction: FSL Distance: 2257 feet Direction: FEL  
 As Drilled Latitude: 40.320784 As Drilled Longitude: -104.914088

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.: 674 feet. Direction: FSL Dist.: 1881 feet. Direction: FEL  
 Sec: 8 Twp: 4N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 674 feet. Direction: FSL Dist.: 1881 feet. Direction: FEL  
 Sec: 8 Twp: 4N Rng: 67W

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) 01/20/2012 13. Date TD: 01/21/2012 14. Date Casing Set or D&A: 01/22/2012

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

16. Total Depth MD 7793 TVD\*\* 7734 17 Plug Back Total Depth MD 7802 TVD\*\* 7743

18. Elevations GR 4794 KB 4806 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:

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	400	550		CBL
1ST	7+7/8	4+1/2	11.6	0	7,846	900	7,846		CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	3,536		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,123		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,570		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,550		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,876		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,207		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,664		<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: Brianne Visconti

Title: Administrator

Date: \_\_\_\_\_

Email: bvisconti@syrginfo.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400303581	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400303579	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
400303580	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400303577	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)