

FORM
5Rev
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:

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@syrinfo.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)