

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



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Document Number:
400338550

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 05-123-35150-00 6. County: WELD
 7. Well Name: Margil Well Number: 33-34D
 8. Location: QtrQtr: SESE Section: 34 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 496 feet Direction: FSL Distance: 1300 feet Direction: FEL
 As Drilled Latitude: 40.263982 As Drilled Longitude: -104.984526

GPS Data:
 Date of Measurement: 09/14/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: B. Birch

** If directional footage at Top of Prod. Zone Dist.: 1876 feet. Direction: FSL Dist.: 1909 feet. Direction: FEL

Sec: 34 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1928 feet. Direction: FSL Dist.: 1932 feet. Direction: FEL

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) 06/15/2012 13. Date TD: 06/20/2012 14. Date Casing Set or D&A: 06/21/2012

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

16. Total Depth MD 7896 TVD** 7729 17 Plug Back Total Depth MD 7836 TVD** 7669

18. Elevations GR 5091 KB 5102 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:
 CBL
 High resolution Induction 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	990	365	0	990	CBL
1ST	7+7/8	4+1/2	11.6	0	7,897	880		7,897	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	3,707		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,178		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,679		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,171		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,375		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,397		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,461		<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>			
400338610	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400338619	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400338579	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400338607	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)