

**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:

400339244

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 05-123-35152-00 6. County: WELD  
7. Well Name: Margil Well Number: 34PD  
8. Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 68W Meridian: 6  
Footage at surface: Distance: 488 feet Direction: FSL Distance: 1317 feet Direction: FEL  
As Drilled Latitude: 40.263960 As Drilled Longitude: -104.984589

## GPS Data:

Data of Measurement: 09/14/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: B. Birch\*\* If directional footage at Top of Prod. Zone Dist.: 1260 feet. Direction: FSL Dist.: 2514 feet. Direction: FELSec: 34 Twp: 4N Rng: 68W\*\* If directional footage at Bottom Hole Dist.: 1319 feet. Direction: FSL Dist.: 2603 feet. Direction: FELSec: 34 Twp: 4N Rng: 68W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 06/08/2012 13. Date TD: 06/13/2012 14. Date Casing Set or D&A: 06/14/2012

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8215 TVD\*\* 8056 17 Plug Back Total Depth MD 8067 TVD\*\* 790818. Elevations GR 5091 KB 5103

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	993	365	0	993	CBL
1ST	7+7/8	4+1/2	11.6	0	8,215	920	0	8,215	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	3,673		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,179		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,681		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,134		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,420		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,443		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,853		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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>					
400339266	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400339270	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>					
400339257	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400339263	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400339265	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)