

**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:

400316139

Date Received:

08/16/2012

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 05-123-34662-00

6. County: WELD

7. Well Name: SRC Aims

Well Number: 33-10D

8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 66W Meridian: 6

Footage at surface: Distance: 2480 feet Direction: FSL Distance: 848 feet Direction: FEL

As Drilled Latitude: 40.413678 As Drilled Longitude: -104.759292

GPS Data:

Data of Measurement: 07/06/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: M. Wallace

** If directional footage at Top of Prod. Zone Dist.: 1916 feet. Direction: FSL Dist.: 1911 feet. Direction: FEL

Sec: 10 Twp: 5N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2014 feet. Direction: FSL Dist.: 1936 feet. Direction: FEL

Sec: 10 Twp: 5N Rng: 66W

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) 03/03/2012 13. Date TD: 03/07/2012 14. Date Casing Set or D&A: 03/08/2012

15. Well Classification:

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

16. Total Depth MD 7830 TVD** 7674 17 Plug Back Total Depth MD 7795 TVD** 7639

18. Elevations GR 4859 KB 4871

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:

Cement Bond and 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 | 701 | 520 | 0 | 701 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,127 | 945 | 970 | 8,127 | 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 | |
| GREELEY SAND | 2,712 | 2,786 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,759 | 3,873 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,342 | 4,473 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,901 | 5,050 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,988 | 7,144 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,280 | 7,436 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,303 | 7,459 | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,358 | 7,514 | <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: 8/16/2012 Email: bvisconti@syrinfo.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400317024 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400317049 | 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> | | | | | |
| 400316139 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400317001 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400317021 | LAS-COMPOSITE | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400317023 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|-----------------------------------|--------------------------|
| Permit | Corrected TOP and BHL as per opr. | 10/26/2012 4:06:07 PM |

Total: 1 comment(s)