

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:

400360542

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  
2. Name of Operator: SYNERGY RESOURCES CORPORATION  
3. Address: 20203 HIGHWAY 60  
City: PLATTEVILLE State: CO Zip: 80651  
4. Contact Name: Brianne Visconti  
Phone: (970) 737-1073  
Fax: (970) 737-1045

5. API Number 05-123-35009-00  
6. County: WELD  
7. Well Name: AVEX Well Number: 10C  
8. Location: QtrQtr: SWNE Section: 10 Township: 4N Range: 68W Meridian: 6  
Footage at surface: Distance: 1500 feet Direction: FNL Distance: 1447 feet Direction: FEL  
As Drilled Latitude: 40.331344 As Drilled Longitude: -104.984967

GPS Data:

Data of Measurement: 12/14/2012 PDOP Reading: 0.7 GPS Instrument Operator's Name: D. Olson

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 09/29/2012 13. Date TD: 10/04/2012 14. Date Casing Set or D&A: 10/05/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7770 TVD\*\* 17 Plug Back Total Depth MD 7720 TVD\*\*

18. Elevations GR 5038 KB 5051

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  
HRI/CD/CN

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	605	175	0	605	CBL
1ST	7+7/8	4+1/2	11.6	0	7,757	832	0	7,757	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	3,916		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,468		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,123		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,826		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,162		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,623		<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 ?	
<b>Attachment Checklist</b>			
400360562	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b>Other Attachments</b>			
400360555	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360558	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360560	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)