

**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:

400356343

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 05-123-35920-00 6. County: WELD
7. Well Name: Olson Well Number: 3CD
8. Location: QtrQtr: NENE Section: 3 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 808 feet Direction: FNL Distance: 796 feet Direction: FEL
As Drilled Latitude: 40.260416 As Drilled Longitude: -104.982716

GPS Data:

Data of Measurement: 12/14/2012 PDOP Reading: 0.5 GPS Instrument Operator's Name: D. Olson** If directional footage at Top of Prod. Zone Dist.: 1396 feet. Direction: FNL Dist.: 1326 feet. Direction: FELSec: 3 Twp: 3N Rng: 68W** If directional footage at Bottom Hole Dist.: 1397 feet. Direction: FNL Dist.: 1331 feet. Direction: FELSec: 3 Twp: 3N 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) 09/19/2012 13. Date TD: 09/22/2012 14. Date Casing Set or D&A: 09/23/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7764 TVD** 7717 17 Plug Back Total Depth MD 7748 TVD** 770118. Elevations GR 5042 KB 5055

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	1,020	315	0	1,020	CBL
1ST	7+7/8	4+1/2	11.6	0	7,704	753	0	7,704	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	3,663		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,136		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,686		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,178		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,395		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,415		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,458		<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>		
400356369	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400356372	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>		
400356362	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356363	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356366	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356368	DIRECTIONAL DATA	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)