

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400196488

**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: 10340

4. Contact Name: Dean Rogers

2. Name of Operator: SUNDANCE ENERGY INC

Phone: (303) 543-5710

3. Address: 380 INTERLOCKEN CRESCENT - STE #601

Fax: (303) 543-5701

City: BROOMFIELD State: CO Zip: 80021

5. API Number 05-123-33460-00

6. County: WELD

7. Well Name: Schell

Well Number: 41-6

8. Location: QtrQtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 180 feet Direction: FNL Distance: 1180 feet Direction: FEL

As Drilled Latitude: 40.262169 As Drilled Longitude: -104.927554

## GPS Data:

Data of Measurement: 08/19/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ben Milius

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

Sec: Twp: Rng:

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

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) 05/26/2011 13. Date TD: 05/31/2011 14. Date Casing Set or D&amp;A: 06/01/2011

## 15. Well Classification:

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

16. Total Depth MD 7494 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 4916 KB 4928

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:

Induction  
Compensated Density/Neutron  
Cement Bond Log

## 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	8+5/8	12+1/4	24#	0	664	470	0	664	CALC
1ST	4+1/2	7+7/8	11.6#	0	7,494	200	6,508	7,494	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref 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	
NIOBRARA	7,008	7,270	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,329	7,348	<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: Dean RogersTitle: Operations Engineer Date: 9/7/2011 Email: drogers@sundanceenergy.net**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072691	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"/>
<u>Other Attachments</u>					
400196488	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400196505	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400196506	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	10/26/2011 10:22:18 AM
Permit	REC CMT TKTS	10/10/2011 2:37:50 PM
Permit	REQ CMT TKT	10/3/2011 7:21:40 AM

Total: 3 comment(s)