

**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



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Document Number:  
2287212

Date Received:  
01/30/2012

**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: 10340 4. Contact Name: DEAN ROGERS  
 2. Name of Operator: SUNDANCE ENERGY INC Phone: (303) 543-5710  
 3. Address: 633 17TH STREET #1950 Fax: (303) 543-5701  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33461-00 6. County: WELD  
 7. Well Name: Schell Well Number: 42-6  
 8. Location: QtrQtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6  
 Footage at surface: Distance: 195 feet Direction: FNL Distance: 1180 feet Direction: FEL  
 As Drilled Latitude: 40.262126 As Drilled Longitude: -104.927555

GPS Data:  
 Date of Measurement: 08/19/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: BEN MILIUS

\*\* If directional footage at Top of Prod. Zone Dist.: 2043 feet. Direction: FNL Dist.: 630 feet. Direction: FEL

Sec: 6 Twp: 3N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2043 feet. Direction: FNL Dist.: 630 feet. Direction: FEL

Sec: 6 Twp: 3N Rng: 67W

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

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7774 TVD\*\* 7403 17 Plug Back Total Depth MD 7703 TVD\*\* 7627

18. Elevations GR 4916 KB 4930 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:  
TRIPLE COMBO AND CBL

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		0	699	490	0	699	CALC
1ST	7+7/8	4+1/2		0	7,774	200	6,760	7,774	CBL

**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	
SUSSEX	4,520	4,600	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,920	4,994	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,320	7,540	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,608	7,626	<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 ROGERS

Title: OPERATIONS ENGINEER Date: 1/27/2012 Email: DROGERS@SUNDANCEENERGY.NET

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1694800	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2287212	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400259454	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Received directional drilling template	3/8/2012 9:07:22 AM
Permit	ON HOLD: requesting directional drilling template. received directional survey.	3/6/2012 1:18:46 PM
Permit	ON HOLD: requesting directional survey.	3/6/2012 9:22:18 AM

Total: 3 comment(s)