

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

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

5. API Number 05-123-34986-00 6. County: WELD 7. Well Name: Lamb Well Number: 15C 8. Location: QtrQtr: NENE Section: 15 Township: 4N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:

Treatment Date: 02/29/2012 End Date: Date of First Production this formation: 03/09/2012

Perforations Top: 6932 Bottom: 6954 No. Holes: 88 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

205,000 gal and 153,620# of 20/40 sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/11/2012 Hours: 24 Bbl oil: 53 Mcf Gas: 33 Bbl H2O: 28

Calculated 24 hour rate: Bbl oil: 53 Mcf Gas: 33 Bbl H2O: 28 GOR: 600

Test Method: Flow Casing PSI: 1200 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 47

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

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: 3/28/2012 Email: drogers@sundanceenergy.net
:

Attachment Check List

Att Doc Num	Name
400266009	FORM 5A SUBMITTED
400266013	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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