

FORM  
5Rev  
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:

400306327

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: 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 05-123-35711-00

6. County: WELD

7. Well Name: HFE

Well Number: 14-22

8. Location: QtrQtr: SWSW Section: 22 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1120 feet Direction: FSL Distance: 800 feet Direction: FWL

As Drilled Latitude: 40.294692 As Drilled Longitude: -104.995893

## GPS Data:

Date of Measurement: 07/07/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Ritz

\*\* If directional footage at Top of Prod. Zone Dist.: 677 feet. Direction: FSL Dist.: 655 feet. Direction: FWL

Sec: 22 Twp: 4N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 655 feet. Direction: FWL

Sec: 22 Twp: 4N Rng: 68W

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) 06/09/2012 13. Date TD: 07/13/2012 14. Date Casing Set or D&amp;A: 06/15/2012

## 15. Well Classification:

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

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

18. Elevations GR 4920 KB 4936

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  
Triple Combo

## 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	594	420	0	594	VISU
1ST	7+7/8	4+1/2	11.6	0	7,808	150	6,275	7,808	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	3,978	4,050	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,400	4,525	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,900	7,156	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,224	7,246	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,712	7,726	<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: <u>Dean Rogers</u>
Title: <u>Operations Engineer</u>	Date: _____ Email: <u>drogers@sundanceenergy.net</u>

### **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"/>
400306387	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>		
400306385	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400306388	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)