

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



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Document Number:
400306977

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

5. API Number <u>05-123-35709-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MLD</u>	Well Number: <u>13-22</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>22</u> Township: <u>4N</u> Range: <u>68W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1120</u> feet Direction: <u>FSL</u> Distance: <u>815</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.294694</u> As Drilled Longitude: <u>-104.995840</u>	

GPS Data:

Data of Measurement: 07/05/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Ritz

** If directional footage at Top of Prod. Zone Dist.: 2051 feet. Direction: FSL Dist.: 632 feet. Direction: FWL

Sec: 22 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2098 feet. Direction: FSL Dist.: 615 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) 06/16/2012 13. Date TD: 06/21/2012 14. Date Casing Set or D&A: 06/22/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7465 TVD** 7325 17 Plug Back Total Depth MD 7278 TVD** 7186

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	596	420	0	596	VISU
1ST	7+7/8	4+1/2	11.6	0	7,374	160	6,210	7,374	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	
SUSSEX	3,850	3,970	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,305	4,430	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,800	7,068	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,142	7,165	<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 Date: _____ Email: drogers@sundanceenergy.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400307055	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400307023	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"/>
Other Attachments			
400307016	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307018	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307020	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307061	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)