

FORM
5A

Rev
06/12

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:

400343363

Date Received:

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) 543-5700
Fax: (303) 543-5701

5. API Number 05-123-34984-00
6. County: WELD
7. Well Name: Lamb
Well Number: 41-15
8. Location: QtrQtr: NENE Section: 15 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/25/2012 End Date: 09/25/2012 Date of First Production this formation: 10/09/2012

Perforations Top: 7068 Bottom: 7088 No. Holes: 80 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac with 204,749 gal of water and 155600# of sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4965

Max pressure during treatment (psi): 5131

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.00

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1686

Fresh water used in treatment (bbl): 4965

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 155600

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/12/2012 Hours: 24 Bbl oil: 50 Mcf Gas: 46 Bbl H2O: 13

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 46 Bbl H2O: 13 GOR: 920

Test Method: Flow Casing PSI: 1120 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 API Gravity Oil: 46

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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/25/2012 End Date: 09/25/2012 Date of First Production this formation: 10/09/2012
Perforations Top: 6756 Bottom: 6930 No. Holes: 48 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac with 212,323 gal of water and 155,420# of sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4965

Max pressure during treatment (psi): 5544

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.00

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 24

Number of staged intervals: 1

Recycled water used in treatment (bbl): 750

Flowback volume recovered (bbl): 1686

Fresh water used in treatment (bbl): 4215

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 155420

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/12/2012 Hours: 24 Bbl oil: 45 Mcf Gas: 40 Bbl H2O: 12
Calculated 24 hour rate: Bbl oil: 45 Mcf Gas: 40 Bbl H2O: _____ GOR: 888
Test Method: Flow Casing PSI: 1150 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 API Gravity Oil: 46
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: _____ ** Wireline and Cement Job Summary must be attached.

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: _____ Email: drogers@sundanceenergy.com

Attachment Check List

Att Doc Num	Name
400343392	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)