

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:

07/17/2012

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 05-123-35711-00

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:

Data 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&A: 06/15/2012

15. Well Classification:

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

16. Total Depth MD 7824 TVD** 7784 17 Plug Back Total Depth MD 7734 TVD** 7684

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	6,475	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:

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	3,978	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: Dean Rogers

Title: Operations Engineer Date: 7/17/2012 Email: drogers@sundanceenergy.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2113839	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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>			
400306327	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306385	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306388	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400336465	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Rec'd cement tickets from operator.	2/4/2013 8:25:13 AM
Engineer	Emailed operator again for SC tickets.	1/30/2013 1:34:34 PM
Engineer	Emailed operator for surface casing cement tickets they submitted the production casing tickets.	12/12/2012 11:11:33 AM
Permit	Logs are in.	12/7/2012 3:18:28 PM
Permit	Received and input MDs and TVDs. attached Cement Job Summary. Still w/o log.	10/15/2012 3:12:25 PM
Permit	16 and 17 not filled in. Need digital triple combination. Need Cement Job summary.	10/15/2012 10:57:34 AM

Total: 6 comment(s)