

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:

400374256

Date Received:

01/24/2013

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 05-123-36128-00
6. County: WELD
7. Well Name: HFE
Well Number: 34-22
8. Location: QtrQtr: SWSE Section: 22 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/05/2012 End Date: 12/05/2012 Date of First Production this formation: 01/29/2013
Perforations Top: 7285 Bottom: 7305 No. Holes: 80 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac with 213,178 gal and 155,560# of sand
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 5076 Max pressure during treatment (psi): 5455
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): 2297
Fresh water used in treatment (bbl): 5076 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 155560 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/30/2012 Hours: 24 Bbl oil: 94 Mcf Gas: 17 Bbl H2O: 38
Calculated 24 hour rate: Bbl oil: 94 Mcf Gas: 17 Bbl H2O: 38 GOR: 181
Test Method: Flow Casing PSI: 1400 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 API Gravity Oil: 43
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: Operation Engineer Date: 1/24/2013 Email: drogers@sundanceenergy.net
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Attachment Check List

Att Doc Num	Name
400374256	FORM 5A SUBMITTED
400374268	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec'd and attached data sheet to Form 5.	4/9/2013 11:12:40 AM
Permit	On hold for DS data sheet on form 5 Doc 400359233	2/15/2013 11:50:22 AM

Total: 2 comment(s)