

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 2586788

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: 380 INTERLOCKEN CRESCENT - STE #601
City: BROOMFIELD State: CO Zip: 80021
4. Contact Name: DEAN ROGERS
Phone: (303) 543-5710
Fax: (303) 543-5701

5. API Number 05-063-06172-00
6. County: KIT CARSON
7. Well Name: FULTON
Well Number: #1-19R
8. Location: QtrQtr: SWSE Section: 19 Township: 9S Range: 48W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MISSOURI Status: SHUT IN
Treatment Date: Date of First Production this formation: 05/05/2011
Perforations Top: 5574 Bottom: 5580 No. Holes: 24 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 05/05/2011 Hours: 8 Bbls oil: 12 Mcf Gas: 0 Bbls H2O: 142
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: SWABBING Casing PSI: 15 Tubing PSI: 0 Choke Size:
Gas Disposition: VENTED Gas Type: BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5550 Tbg setting date: 05/09/2011 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:

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: 6/2/2011 Email: DROGERS@SUNDANCEENERGY.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2586788	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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