

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:  
400196755

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  
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 05-123-33461-00  
6. County: WELD  
7. Well Name: Schell Well Number: 42-6  
8. Location: QtrQtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6  
Footage at surface: Distance: 195 feet Direction: FNL Distance: 1180 feet Direction: FEL  
As Drilled Latitude: 40.262126 As Drilled Longitude: -104.927555

GPS Data:  
Date of Measurement: 08/19/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Ben Milius

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: FNL Dist.: feet. Direction: FEL  
Sec: 6 Twp: 3N Rng: 67W  
\*\* If directional footage at Bottom Hole Dist.: feet. Direction: FNL Dist.: feet. Direction: FEL  
Sec: 6 Twp: 3N Rng: 67W

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) 06/01/2011 13. Date TD: 06/05/2011 14. Date Casing Set or D&A: 06/06/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7751 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 49 KB 4928  
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:  
Induction  
Compensated Density/Neutron  
Cement Bond Log

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	8+5/8	12+1/4	24#	0	699	490	0	699	CALC
1ST	4+1/2	7+7/8	11.6	0	7,751	200	6,650	7,751	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref 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	
NIOBRARA	7,304	7,550	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,608	7,626	<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: 9/7/2011 Email: drogers@sundanceenergy.net

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
2072690	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b><u>Other Attachments</u></b>			
400196755	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196779	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	Preliminary Form 5, no CBL yet.	10/26/2011 10:21:18 AM
Permit	REC CMT TKTS	10/10/2011 2:36:02 PM
Permit	REQ CMT TKTS	10/3/2011 7:26:31 AM

Total: 3 comment(s)