

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400251098

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: <u>10340</u>	4. Contact Name: <u>Dean Rogers</u>
2. Name of Operator: <u>SUNDANCE ENERGY INC</u>	Phone: <u>(303) 543-5710</u>
3. Address: <u>380 INTERLOCKEN CRESCENT - STE #601</u>	Fax: <u>(303) 5435701</u>
City: <u>BROOMFIELD</u> State: <u>CO</u> Zip: <u>80021</u>	

5. API Number <u>05-123-34416-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>May Jon</u>	Well Number: <u>5N 6</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>5</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 12/30/2011	Date of First Production this formation: 01/21/2012
Perforations Top: 7615 Bottom: 7635	No. Holes: 80 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frac with 209,000 gal and 154,000# of sand	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 01/21/2012 Hours: 24	Bbls oil: 83 Mcf Gas: 100 Bbls H2O: 22
Calculated 24 hour rate:	Bbls oil: 83 Mcf Gas: 100 Bbls H2O: 22 GOR: 1204
Test Method: Flow	Casing PSI: 1400 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1300 API Gravity Oil: 47
Tubing Size: Tubing Setting Depth:	Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt	
Bridge Plug Depth: Sacks cement on top:	

FORMATION: J SAND	Status: COMMINGLED
Treatment Date: 12/17/2011	Date of First Production this formation: 01/21/2012
Perforations Top: 8086 Bottom: 8110	No. Holes: 96 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frac with 76,100 gals and 250,000# of sand	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 01/21/2012 Hours: 24	Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 30
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 30 GOR:
Test Method: flow	Casing PSI: 1400 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1100 API Gravity Oil: 42
Tubing Size: Tubing Setting Depth:	Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Email: drogers@sundanceenergy.net

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)