

FORM
5A

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



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Document Number:

400251098

Date Received:

02/10/2012

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 4. Contact Name: Dean Rogers
 2. Name of Operator: SUNDANCE ENERGY INC Phone: (303) 543-5710
 3. Address: 633 17TH STREET #1950 Fax: (303) 5435701
 City: DENVER State: CO Zip: 80202

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

Completed Interval

FORMATION: CODELL Status: PRODUCING
 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:
Frac with 209,000 gal and 154,000# of sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____
 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: _____

FORMATION: J-CODELL Status: COMMINGLED

Treatment Date: 12/30/2011 Date of First Production this formation: 01/21/2012

Perforations Top: 7615 Bottom: 8110 No. Holes: 176 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/21/2012 Hours: 24 Bbls oil: 83 Mcf Gas: 150 Bbls H2O: 52

Calculated 24 hour rate: _____ Bbls oil: 83 Mcf Gas: 150 Bbls H2O: 52 GOR: 1807

Test Method: FLOWING 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

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:

Frac with 76,100 gals and 250,000# of sand

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

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: _____

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: 2/10/2012 Email: drogers@sundanceenergy.net

Attachment Check List

Att Doc Num	Name
1694772	WELLBORE DIAGRAM
400251098	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	added correct test data to J-CDL panel per operator.	3/6/2012 1:03:07 PM
Permit	ON HOLD: removed test data from individual "panels" added J-CDL "panel" and correct test data per operator.	3/6/2012 9:43:53 AM
Permit	ON HOLD: Requesting additional producing & testing information. Received WBD.	3/1/2012 9:11:05 AM
Permit	ON HOLD: requesting info on how tested and produced. & WBD	2/24/2012 8:47:32 AM

Total: 4 comment(s)