

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: <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	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	



### 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)