



DE	ET	OE	ES
----	----	----	----

Document Number:  
400250642

Date Received:  
02/10/2012

**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 4. Contact Name: Dean Rogers  
 2. Name of Operator: SUNDANCE ENERGY INC Phone: (303) 543-5710  
 3. Address: 633 17TH STREET #1950 Fax: (303) 543-5701  
 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  
 Footage at surface: Distance: 535 feet Direction: FSL Distance: 634 feet Direction: FWL  
 As Drilled Latitude: 40.162131 As Drilled Longitude: -105.034372

GPS Data:  
 Date of Measurement: 02/06/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Alan Hnizdo

\*\* If directional footage at Top of Prod. Zone Dist.: 2483 feet. Direction: FSL Dist.: 1287 feet. Direction: FWL  
 Sec: 5 Twp: 2N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 2610 feet. Direction: FSL Dist.: 1257 feet. Direction: FWL  
 Sec: 5 Twp: 2N Rng: 68W

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) 11/22/2011 13. Date TD: 12/01/2011 14. Date Casing Set or D&A: 12/03/2011

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

16. Total Depth MD 8206 TVD\*\* 7799 17 Plug Back Total Depth MD 8115 TVD\*\* 7709

18. Elevations GR 4931 KB 4945 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:  
Triple Combo and CBL

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	12+1/4	8+5/8	24#	0	809	460	0	809	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,183	575	1,130	8,183	CBL

**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	
SUSSEX	4,266		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,350	7,540	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,615	7,636	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,080	8,112	<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: 2/10/2012 Email: drogers@sundanceenergy.net

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1694771	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400251091	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
<u>Other Attachments</u>			
400250642	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400250667	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400250668	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400250669	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	1.The top of zone: footage 2483' FSL & 1287' FWL. 2.The bottom footage 2610' FSL & 1257' FWL. Changed Prelim to final per operator.	3/6/2012 1:00:48 PM
Permit	ON HOLD: Requesting top of zone & Bottom hole footage.	3/6/2012 9:55:43 AM
Permit	ON HOLD: Requesting top of zone & Bottom hole footage. Received and attached cmt tkts. Added MD, TVD, PBMD, PBTVD, & Sussex top. (top and bottom footages calculated) w/o confirmation from operator.	3/1/2012 8:57:08 AM
Permit	ON HOLD: requesting top of zone, Bottom hole footage, MD, TVD, PBMD, PBTVD, Sussex tops, & Cmt Tkts.	2/24/2012 8:14:05 AM

Total: 4 comment(s)