

FORM  
5Rev  
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:

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:

Data 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&amp;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><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></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)