

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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Date Received:

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) 543-5701

City: DENVER State: CO Zip: 80202

5. API Number 05-001-09512-00

6. County: ADAMS

7. Well Name: NAUMAN

Well Number: 1-14

8. Location: QtrQtr: SWNW Section: 14 Township: 1S Range: 67W Meridian: 6

9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 01/24/2012

Date of First Production this formation: 01/30/2012

Perforations Top: 7806 Bottom: 7822 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac with 203,400 gal and 147,640#

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/18/2012 Hours: 24 Bbls oil: 75 Mcf Gas: 89 Bbls H2O: 12

Calculated 24 hour rate: Bbls oil: 75 Mcf Gas: 89 Bbls H2O: 12 GOR: 1187

Test Method: Flow Casing PSI: 1500 Tubing PSI: 1000 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1200 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7767 Tbg setting date: 01/31/2012 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:

Email: drogers@sundanceenergy.net

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)