

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:

400266009

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 05-123-34986-00

6. County: WELD

7. Well Name: Lamb

Well Number: 15C

8. Location: QtrQtr: NENE Section: 15 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 02/29/2012

Date of First Production this formation: 03/09/2012

Perforations Top: 6932 Bottom: 6954 No. Holes: 88 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

205,000 gal and 153,620# of 20/40 sand

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

Test Information:

Date: 03/11/2012 Hours: 24 Bbls oil: 53 Mcf Gas: 33 Bbls H2O: 28

Calculated 24 hour rate: Bbls oil: 53 Mcf Gas: 33 Bbls H2O: 28 GOR: 600

Test Method: Flow Casing PSI: 1200 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 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:

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
400266013	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)