

**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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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: <u>10340</u>	4. Contact Name: <u>Dean Rogers</u>
2. Name of Operator: <u>SUNDANCE ENERGY INC</u>	Phone: <u>(303) 543-5710</u>
3. Address: <u>633 17TH STREET #1950</u>	Fax: <u>(303) 543-5701</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34414-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>May Jon</u>	Well Number: <u>5S 8</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>5</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 12/30/2011 Date of First Production this formation: 01/21/2012

Perforations Top: 7450 Bottom: 7470 No. Holes: 80 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac with 209,000 gal and 154,000# of sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/21/2012 Hours: 24 Bbls oil: 40 Mcf Gas: 51 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 51 Bbls H2O: 10 GOR: 1275

Test Method: Flow Casing PSI: 2000 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 12/18/2011 Date of First Production this formation: 11/21/2011

Perforations Top: 7910 Bottom: 7920 No. Holes: 40 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac with 118,000 gal and 250,000# of sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/21/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 100 Bbls H2O: 20

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 100 Bbls H2O: 20 GOR: 10000

Test Method: Flow Casing PSI: 2000 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1050 API Gravity Oil: 45

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: 2/13/2012 drogers@sundanceenergy.net

Email
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Attachment Check List

Att Doc Num	Name
1694821	WELLBORE DIAGRAM
400251205	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)