

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400302260

Date Received:

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 05-123-34983-00

6. County: WELD

7. Well Name: Lamb

Well Number: 42-15

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

Footage at surface: Distance: 1330 feet Direction: FNL Distance: 1319 feet Direction: FEL

As Drilled Latitude: 40.317203 As Drilled Longitude: -104.984495

GPS Data:

Date of Measurement: 07/05/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Ritz

** If directional footage at Top of Prod. Zone Dist.: 1991 feet. Direction: FNL Dist.: 1970 feet. Direction: FEL

Sec: 15 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1996 feet. Direction: FNL Dist.: 1968 feet. Direction: FEL

Sec: 15 Twp: 4N 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) 05/27/2012 13. Date TD: 05/31/2012 14. Date Casing Set or D&A: 06/01/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7183 TVD** 7091 17 Plug Back Total Depth MD 7093 TVD** 7001

18. Elevations GR 4941 KB 4957

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:

CBL
Triple Combo

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	549	390	0	549	VISU
1ST	7+7/8	4+1/2	11.6	0	7,183	150	6,117	7,183	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	3,950	4,075	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,332	4,440	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,690	6,948	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,016	7,036	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400302847	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400302835	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>					
400302276	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400302277	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400302282	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400302841	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400303586	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)