

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-123-34985-00
6. County: WELD
7. Well Name: Lamb
Well Number: 32-15
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 Type: FRACTURE STIMULATION

Treatment Date: 06/13/2012 End Date: 06/13/2012 Date of First Production this formation: 06/23/2012

Perforations Top: 6950 Bottom: 6970 No. Holes: 80 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Frac with 210,821 gal and 155,520# of sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 5019 Max pressure during treatment (psi): 4856

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.00

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 935

Fresh water used in treatment (bbl): 5019 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 155520 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/29/2012 Hours: 24 Bbl oil: 70 Mcf Gas: 117 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 70 Mcf Gas: 117 Bbl H2O: 7 GOR: 1671

Test Method: Flow Casing PSI: 1100 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1250 API Gravity Oil: 46

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: ** Wireline and Cement Job Summary must be attached.

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: 7/12/2012 Email: drogers@sundanceenergy.net
:

Attachment Check List

Att Doc Num	Name
400305296	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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