

FORM
5Rev
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



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Document Number:

400359233

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) 543-5700

3. Address: 633 17TH STREET #1950

Fax: (303) 543-5701

City: DENVER State: CO Zip: 80202

5. API Number 05-123-36128-00

6. County: WELD

7. Well Name: HFE

Well Number: 34-22

8. Location: QtrQtr: SWSE Section: 22 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1120 feet Direction: FSL Distance: 2286 feet Direction: FEL

As Drilled Latitude: 40.294832 As Drilled Longitude: -104.987913

GPS Data:

Data of Measurement: 07/13/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Ritz

** If directional footage at Top of Prod. Zone Dist.: 680 feet. Direction: FSL Dist.: 2001 feet. Direction: FEL

Sec: 22 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 2002 feet. Direction: FEL

Sec: 22 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) 10/02/2012 13. Date TD: 10/06/2012 14. Date Casing Set or D&A: 12/08/2012

15. Well Classification:

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

16. Total Depth MD 7490 TVD** 7440 17 Plug Back Total Depth MD 7415 TVD** 7365

18. Elevations GR 4942 KB 4958

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:

Triple Combo
Cement Bond Log

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	587	450	0	587	CALC
1ST	7+7/8	4+1/2	11.6	0	7,461	450	0	3,150	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	
PARKMAN	3,440		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,060		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,515		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,955		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,284		<input type="checkbox"/>	<input type="checkbox"/>	

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	Document Name	attached ?
<u>Attachment Checklist</u>		
400359274	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400359278	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>		
400359252	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359258	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359265	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359268	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)