

Document Number:
400361011

Date Received:
12/20/2012

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 05-123-36129-00 6. County: WELD
 7. Well Name: HFE Well Number: 44-22
 8. Location: QtrQtr: SWSE Section: 22 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 1120 feet Direction: FSL Distance: 2256 feet Direction: FEL
 As Drilled Latitude: 40.294833 As Drilled Longitude: -104.987806

GPS Data:
 Date 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.: 703 feet. Direction: FSL Dist.: 657 feet. Direction: FEL
 Sec: 22 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 705 feet. Direction: FSL Dist.: 658 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) 10/14/2012 13. Date TD: 12/18/2012 14. Date Casing Set or D&A: 10/20/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7700 TVD** 7413 17 Plug Back Total Depth MD 7599 TVD** 7312

18. Elevations GR 4943 KB 4959 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
CBL

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	570	430	0	570	VISU
1ST	7+7/8	4+1/2	11.6	0	7,700	450	3,350	7,700	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	3,560		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,270		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,720		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,226		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,536		<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: 12/20/2012 Email: drogers@sundanceenergy.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1699269	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400361096	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>			
400361011	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361082	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361085	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361089	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361094	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361098	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)