

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:
400364994

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 05-123-36101-00 6. County: WELD
 7. Well Name: MLD Well Number: 12-22
 8. Location: QtrQtr: NWNW Section: 22 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 854 feet Direction: FNL Distance: 1305 feet Direction: FWL
 As Drilled Latitude: 40.303855 As Drilled Longitude: -104.994153

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.: 1956 feet. Direction: FNL Dist.: 660 feet. Direction: FWL
 Sec: 22 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1939 feet. Direction: FNL Dist.: 663 feet. Direction: FWL
 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) 11/17/2012 13. Date TD: 11/22/2012 14. Date Casing Set or D&A: 11/24/2012

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

16. Total Depth MD 7180 TVD** 6982 17 Plug Back Total Depth MD 6623 TVD** 6426

18. Elevations GR 4877 KB 4893 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	581	440	0	581	VISU
1ST	7+7/8	4+1/2	11.6	0	5,764	485	0	2,200	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	3,060		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,677		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,585		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,914		<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>			
400365100	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400365086	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>			
400365079	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400365080	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400365081	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400365082	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400365098	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)