

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400369913

Date Received:

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 4. Contact Name: Dean Rogers
2. Name of Operator: SUNDANCE ENERGY INC Phone: (303) 543-5700
3. Address: 633 17TH STREET #1950 City: DENVER State: CO Zip: 80202 Fax: (303) 543-5701

5. API Number 05-123-35712-00 6. County: WELD
7. Well Name: MLD Well Number: 23-22
8. Location: QtrQtr: SWSW Section: 22 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: 11/08/2012 End Date: 11/08/2012 Date of First Production this formation: 11/17/2012
Perforations Top: 7346 Bottom: 7368 No. Holes: 88 Hole size: 0.38

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

Frac with 202,214 gal of water and 150,020# of sand

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

Total fluid used in treatment (bbl): 4812 Max pressure during treatment (psi): 4795
Total gas used in treatment (mcf): 0 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): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2670
Fresh water used in treatment (bbl): 4812 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250020 Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/17/2012 Hours: 24 Bbl oil: 50 Mcf Gas: 50 Bbl H2O: 20
Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 50 Bbl H2O: 20 GOR: 400
Test Method: Flow Casing PSI: 1000 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 45
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: \_\_\_\_\_ Email: drogers@sundanceenergy.net  
:

**Attachment Check List**

Att Doc Num	Name
400373915	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)