

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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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
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) 543-5700
Fax: (303) 543-5701

5. API Number 05-123-36099-00
6. County: WELD
7. Well Name: MLD
Well Number: 11-22
8. Location: QtrQtr: NWNW Section: 22 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/07/2013 End Date: 03/07/2013 Date of First Production this formation:
Perforations Top: 6692 Bottom: 6712 No. Holes: 80 Hole size: 0.38

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

Frac with 208,694 gal and 151,100# of sand

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

Total fluid used in treatment (bbl): 4969 Max pressure during treatment (psi): 5257
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): 750 Flowback volume recovered (bbl): 1688
Fresh water used in treatment (bbl): 4219 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 151100 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/04/2013

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9877 Max pressure during treatment (psi): 5257

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): 1000 Flowback volume recovered (bbl): 3376

Fresh water used in treatment (bbl): 8877 Disposition method for flowback: _____

Total proppant used (lbs): 151100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/11/2013 Hours: 24 Bbl oil: 50 Mcf Gas: 35 Bbl H2O: 32

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 35 Bbl H2O: 32 GOR: 640

Test Method: Flow Casing PSI: 1200 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 43

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/07/2013 End Date: 03/07/2013 Date of First Production this formation: 04/11/2013
Perforations Top: 6504 Bottom: 6514 No. Holes: 40 Hole size: 0.38

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

Frac with 206,161 gal and 160,060# of sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4909 Max pressure during treatment (psi): 5500

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): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 750 Flowback volume recovered (bbl): 1688

Fresh water used in treatment (bbl): 4159 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 601600 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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
400404399	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)