

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:

400484514

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: Jeff Reale

2. Name of Operator: SUNDANCE ENERGY INC

Phone: (970) 663-1448

3. Address: 633 17TH STREET #1950

Fax: (970) 667-0046

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37753-00

6. County: WELD

7. Well Name: Grant Brothers

Well Number: 23-43

8. Location: QtrQtr: SWSE Section: 23 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 604 feet Direction: FSL Distance: 1965 feet Direction: FEL

As Drilled Latitude: 40.118570 As Drilled Longitude: -104.967960

## GPS Data:

Date of Measurement: 09/10/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: C.V.M.

\*\* If directional footage at Top of Prod. Zone Dist.: 2010 feet. Direction: FSL Dist.: 658 feet. Direction: FEL

Sec: 23 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2010 feet. Direction: FSL Dist.: 658 feet. Direction: FEL

Sec: 23 Twp: 2N Rng: 68W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/25/2013 13. Date TD: 08/28/2013 14. Date Casing Set or D&amp;A: 08/29/2013

## 15. Well Classification:

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

16. Total Depth MD 8020 TVD\*\* 7717 17 Plug Back Total Depth MD 7947 TVD\*\* 7644

18. Elevations GR 4920 KB 4936

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:

Commingled open hole logs, 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	845	550	0	845	VISU
1ST	7+7/8	4+1/2	11.6	0	7,962	565	2,856	7,962	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,065	3,883	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,605	4,396	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,089	4,849	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,539	7,236	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,803	7,500	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,825	7,522	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,902	7,599	<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: Jeff Reale

Title: Agent Date: \_\_\_\_\_ Email: jeff@mistymountainop.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400484534	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400484944	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>		
400484530	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400484533	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400493228	LAS-CEMENT BOND	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)