

FORM 5A

Rev 06/12

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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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: 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 Email: jeff@mistymountainop.com

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
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/06/2014 End Date: 03/06/2014 Date of First Production this formation: 03/09/2014
 Perforations Top: 7825 Bottom: 7842 No. Holes: 68 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole:
Frac Codell with 4980 bbls slickwater & 150,060 #'s of 30/50 sand. Spearhead 500 bbls 7% kcl ahead of frac.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 4980 Max pressure during treatment (psi): 5138
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.70
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.74
 Total acid used in treatment (bbl): 0 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1021
 Fresh water used in treatment (bbl): 4980 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 150060 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/22/2014 Hours: 24 Bbl oil: 46 Mcf Gas: 107 Bbl H2O: 20
 Calculated 24 hour rate: Bbl oil: 46 Mcf Gas: 107 Bbl H2O: 20 GOR: 2326
 Test Method: Flowing Casing PSI: 590 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1213 API Gravity Oil: 49
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: No tubing run in well yet

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:

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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

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------|
| 400604488 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)