

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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Document Number: 400563970

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: 10338 4. Contact Name: Cynthia Pinel
 2. Name of Operator: CARRIZO OIL & GAS INC Phone: (713) 358-6210
 3. Address: 500 DALLAS STREET #2300 Fax: _____
 City: HOUSTON State: TX Zip: 77002 Email: cynthia.pinel@crzo.net

5. API Number 05-123-36068-00 6. County: WELD
 7. Well Name: Bringelson Ranch Well Number: 2-20-11-9-58
 8. Location: QtrQtr: NWNW Section: 20 Township: 9N Range: 58W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2013 End Date: 07/11/2013 Date of First Production this formation: 07/16/2013

Perforations Top: 6098 Bottom: 10290 No. Holes: 14 Hole size: 4 + 1/2

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

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 3,014,080LBS OF 20/40 SAND AND 2,023,144 GAL OF FLUID. GAS IS USED TO HEAT THE WATER FOR THE FRACS AND IS ALWAYS PROPANE.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48170 Max pressure during treatment (psi): 4416

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 8.90

Total acid used in treatment (bbl): _____ Number of staged intervals: 14

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

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

Total proppant used (lbs): 3014080 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/16/2013 Hours: 24 Bbl oil: 720 Mcf Gas: 0 Bbl H2O: 672

Calculated 24 hour rate: Bbl oil: 720 Mcf Gas: 0 Bbl H2O: 672 GOR: 0

Test Method: 24 HOUR FLOWBAC Casing PSI: 300 Tubing PSI: _____ Choke Size: 30

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1239 API Gravity Oil: 35

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5500 Tbg setting date: 08/03/2013 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:

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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: Cynthia Pinel
Title: Regulatory Comp. Analyst Date: _____ Email: cynthia.pinel@crzo.net
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|--------------------|
| 400563973 | CEMENT JOB SUMMARY |
| 400563974 | WELLBORE DIAGRAM |
| 400563975 | CEMENT JOB SUMMARY |

Total Attach: 3 Files

General Comments

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