

FORM  
5

Rev  
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



DE ET OE ES

Document Number:

400570591

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: 10439 4. Contact Name: Cynthia Pinel  
2. Name of Operator: CARRIZO NIOBRARA LLC Phone: (713) 358-6210  
3. Address: 500 DALLAS STREET #2300 Fax:  
City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-38240-00 6. County: WELD  
7. Well Name: Konig Well Number: 2-31-11-59  
8. Location: QtrQtr: Lot 4 Section: 31 Township: 11N Range: 59W Meridian: 6  
Footage at surface: Distance: 711 feet Direction: FSL Distance: 676 feet Direction: FWL  
As Drilled Latitude: 40.873730 As Drilled Longitude: -104.027170

GPS Data:

Data of Measurement: 02/28/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Eric Purcell

\*\* If directional footage at Top of Prod. Zone Dist.: 674 feet. Direction: FSL Dist.: 356 feet. Direction: FWL  
Sec: 31 Twp: 11N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 349 feet. Direction: FNL Dist.: 329 feet. Direction: FWL  
Sec: 31 Twp: 11N Rng: 59W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/28/2013 13. Date TD: 11/06/2013 14. Date Casing Set or D&A: 10/28/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11359 TVD\*\* 6777 17 Plug Back Total Depth MD 11359 TVD\*\* 6777

18. Elevations GR 5432 KB 5459

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:

MWD with Gamma Ray

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
CONDUCTOR	18	16	42.05	0	75	8	0	75	CALC
SURF	12+1/4	9+5/8	36	0	1,408	532	0	1,408	CALC
1ST	8+3/4	7	23	0	6,808	623	1,408	6,808	CALC
1ST LINER	6+1/8	4+1/2	11.6	6161	11,339				CALC

### 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:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	6,624	6,715	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,715		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comment:

Open hole log not ran in this well. The COGCC Log Submittal Policy had not yet been released at the time of this completion.

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

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400570642	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400570659	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>			
400570618	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570622	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570625	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570629	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570640	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570641	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570660	DIRECTIONAL DATA	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)