

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:
400622632

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: <u>10439</u>	4. Contact Name: <u>Cynthia Pinel</u>
2. Name of Operator: <u>CARRIZO NIOBRARA LLC</u>	Phone: <u>(713) 358-6210</u>
3. Address: <u>500 DALLAS STREET #2300</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>cynthia.pinel@crzo.net</u>

5. API Number <u>05-123-38583-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Bringelson Ranch</u>	Well Number: <u>5-20-9-58</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>20</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/2014 End Date: 05/07/2014 Date of First Production this formation: 05/18/2014

Perforations Top: 6050 Bottom: 10213 No. Holes: 16 Hole size: 4 + 1/2

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

FRACTURE STIMULATED WITH A PORT AND PACKER SYSTEM with 1,949,957 LBS OF 20/40 WHITE, 1,260,386 LBS OF 30/45 CARBO AND 197,740 LBS OF 20/40 CRC SAND. FLUID COUNT INCLUDES 17,296 BBLs OF 30# LINEAR CMHPG, 4,764 BBLs OF 30# TRIDENT X-LINK, 22,156 BBLs OF 27# LINEAR CMHPG AND 8,279 BBLs OF 27# TRIDENT X-LINK. GAS IS USED TO ONLY HEAT THE WATER FOR THE FRACS AND IS ALWAYS PROPANE. AMOUNT IS UNKNOWN.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 52494 Max pressure during treatment (psi): 5584

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.90

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 5042

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

Total proppant used (lbs): 3408083 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/19/2014 Hours: 24 Bbl oil: 120 Mcf Gas: 0 Bbl H2O: 1512

Calculated 24 hour rate: Bbl oil: 120 Mcf Gas: 0 Bbl H2O: 1512 GOR: 0

Test Method: 24 HOUR FLOWBAC Casing PSI: 540 Tubing PSI: 0 Choke Size: 24

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1457 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5400 Tbg setting date: 06/12/2014 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:

Swell packer was set beyond 600' from the section line to keep wellbore from 7" casing unproduced.

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	Name
400623428	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)