

FORM  
5Rev  
09/14

## 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:

400808665

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

OGCC Operator Number: 10439

Contact Name: CYNTHIA PINEL

Name of Operator: CARRIZO NIOBRARA LLC

Phone: (713) 358-6210

Address: 500 DALLAS STREET #2300

Fax:

City: HOUSTON

State: TX

Zip: 77002

API Number 05-123-40081-00

County: WELD

Well Name: O'Hare

Well Number: 1-29-11-57

Location: QtrQtr: SWSE Section: 29 Township: 11N Range: 57W Meridian: 6

Footage at surface: Distance: 684 feet Direction: FSL Distance: 2218 feet Direction: FEL

As Drilled Latitude: 40.891850 As Drilled Longitude: -103.773990

## GPS Data:

Date of Measurement: 07/10/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: DAVID NICEWICZ

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FSL Dist.: 2402 feet. Direction: FEL

Sec: 29 Twp: 11N Rng: 57W

\*\* If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 300 feet. Direction: FEL

Sec: 28 Twp: 11N Rng: 57W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/16/2014 Date TD: 09/26/2014 Date Casing Set or D&amp;A: 09/20/2014

Rig Release Date: 10/11/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 13350 TVD\*\* 5792 Plug Back Total Depth MD 13350 TVD\*\* 5792

Elevations GR 4927 KB 4944 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

MWD WITH GAMMA RAY &amp; CBL

## CASING, LINER AND CEMENT

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	65	0	77	8	0	77	VISU
SURF	12+1/4	9+5/8	36	0	1,476	546	0	1,476	VISU
1ST	8+3/4	7	23	0	5,979	535	0	5,979	VISU
1ST LINER	6+1/8	4+1/2	11.6	5097	13,345				

## 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:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	5,656	5,750	NO	NO	
NIOBRARA	5,750		NO	NO	

Comment:

THIS WELL IS PART OF A 2 WELL MULTI-WELL PAD. THE CBL HAS BEEN PROVIDED FOR THIS WELL. A CASED HOLE NEUTRON GAMMA RAY LOG WILL BE PROVIDED FOR THE O'HARE 2-29-11-57 (05-123-40082) AS PART OF THE RULE 317.O EXCEPTION REQUEST.

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>		
400808774	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400808776	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>		
400808763	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400808765	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400808767	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400808768	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400808769	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400808771	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400808773	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)