

FORM
5
Rev
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: <u>10439</u>	Contact Name: <u>CYNTHIA PINEL</u>
Name of Operator: <u>CARRIZO NIOBRARA LLC</u>	Phone: <u>(713) 358-6210</u>
Address: <u>500 DALLAS STREET #2300</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	

API Number: <u>05-123-40081-00</u>	County: <u>WELD</u>
Well Name: <u>O'Hare</u>	Well Number: <u>1-29-11-57</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>29</u> Township: <u>11N</u> Range: <u>57W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>684</u> feet Direction: <u>FSL</u> Distance: <u>2218</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.891850</u> As Drilled Longitude: <u>-103.773990</u>	

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&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	<u>13350</u>	TVD**	<u>5792</u>	Plug Back Total Depth	MD	<u>13350</u>	TVD**	<u>5792</u>
Elevations	GR	<u>4927</u>	KB	<u>4944</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>				

List Electric Logs Run:
MWD WITH GAMMA RAY & 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 317.0 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)