

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:
400906391
Date Received:
09/28/2015

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: 10439
 2. Name of Operator: CARRIZO NIOBRARA LLC
 3. Address: 500 DALLAS STREET #2300
 City: HOUSTON State: TX Zip: 77002
 4. Contact Name: Madelon Raney
 Phone: (713) 358-6218
 Fax: _____
 Email: madelon.raney@crzo.net

5. API Number 05-123-37244-00
 6. County: WELD
 7. Well Name: Shull
 Well Number: 3-25-9-60
 8. Location: QtrQtr: SWSE Section: 25 Township: 9N Range: 60W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 08/07/2013 End Date: 08/08/2013 Date of First Production this formation: 08/16/2013
 Perforations Top: 6542 Bottom: 10565 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:
FRACTURE STIMULATION IN 14 STAGES THROUGH A PORT AND PACKER SYSTEM WITH 3,006,708 LBS OF 20/40 SAND AND 48,761 BBLS OF FRESH WATER.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 48761 Max pressure during treatment (psi): 4812
 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): 80.00
 Total acid used in treatment (bbl): _____ Number of staged intervals: 14
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 3195
 Fresh water used in treatment (bbl): 48761 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 3006708 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: 08/16/2013 Hours: 24 Bbl oil: 72 Mcf Gas: 0 Bbl H2O: 641
 Calculated 24 hour rate: Bbl oil: 72 Mcf Gas: 0 Bbl H2O: 641 GOR: _____
 Test Method: 24 HR FLOWBACK Casing PSI: 110 Tubing PSI: _____ Choke Size: 32
 Gas Disposition: FLARED Gas Type: WET Btu Gas: 1189 API Gravity Oil: 33
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6010 Tbg setting date: 02/03/2014 Packer Depth: _____

Reason for Non-Production: GAS DID NOT PRODUCE UNTIL SEPTEMBER 8, 2013

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:

Form 10 was submitted under Document #400904155

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MADELON RANEY

Title: REGULATORY COMPL. ANALYST Date: 9/28/2015 Email: madelon.raney@crzo.net
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Attachment Check List

Att Doc Num Name

Total Attach: Files

General Comments

User Group Comment Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)