

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.

Document Number:
400918695

Date Received:
10/21/2015

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10439 Contact Name: CAROL PRUITT

Name of Operator: CARRIZO NIOBRARA LLC Phone: (713) 328-1000

Address: 500 DALLAS STREET #2300 Fax: (713) 328-1060

City: HOUSTON State: TX Zip: 77002

API Number 05-123-39278-00 County: WELD

Well Name: Hemberger Well Number: 6-26-8-60

Location: QtrQtr: SESE Section: 26 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 454 feet Direction: FSL Distance: 435 feet Direction: FEL

As Drilled Latitude: 40.627390 As Drilled Longitude: -104.050990

GPS Data:
Date of Measurement: 07/15/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: GARY ALGIEN

** If directional footage at Top of Prod. Zone Dist.: 645 feet. Direction: FSL Dist.: 357 feet. Direction: FEL
Sec: 26 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 650 feet. Direction: FNL Dist.: 334 feet. Direction: FEL
Sec: 26 Twp: 8N Rng: 60W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/13/2014 Date TD: 10/21/2014 Date Casing Set or D&A: 10/18/2014

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

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 10574 TVD** 6206 Plug Back Total Depth MD 10574 TVD** 6206

Elevations GR 4877 KB 4894 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD W/ 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	24	16	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,445	546	0	1,445	VISU
1ST	8+3/4	7	23	0	6,271	582	480	6,271	CBL
1ST LINER	6+1/8	4+1/2	11.6	5555	10,554				

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	
PIERRE	557		NO	NO	
PARKMAN	3,361	3,628	NO	NO	
SUSSEX	3,903	4,097	NO	NO	
SHARON SPRINGS	6,000	6,112	NO	NO	
NIOBRARA	6,112	10,574			

Comment:

AS-BUILT LOCATION MEASURED FROM CONDUCTOR. MULTI-WELL PAD: HEMBERGER 5-26-8-60 (123-39277) WAS THE WELL ON THIS PAD THAT WAS LOGGED WITH THE ALTERNATIVE COMPENSATED NEUTRON GAMMA RAY LOG IN ACCORDANCE WITH THE EXCEPTION LOG REQUEST 317.P

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

Signed: _____ Print Name: CAROL PRUITT

Title: REGULATORY COMPLIANCE Date: 10/21/2015 Email: CAROL.PRUITT@CRZO.NET

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400921970	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400921968	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			
400918695	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921956	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921959	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921962	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921967	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)