

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:
400921162

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10439 Contact Name: Jeff Annable

Name of Operator: CARRIZO NIOBRARA LLC Phone: (303) 928-7128

Address: 500 DALLAS STREET #2300 Fax: (303) 218-5678

City: HOUSTON State: TX Zip: 77002

API Number 05-123-38584-00 County: WELD

Well Name: Bringelson Ranch Well Number: 7-20-9-58

Location: QtrQtr: SWSW Section: 20 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 830 feet Direction: FSL Distance: 568 feet Direction: FWL

As Drilled Latitude: 40.731530 As Drilled Longitude: -103.895570

GPS Data:
Date of Measurement: 03/13/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 1239 feet. Direction: FSL Dist.: 495 feet. Direction: FWL
Sec: 20 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1256 feet. Direction: FSL Dist.: 650 feet. Direction: FEL
Sec: 20 Twp: 9N Rng: 58W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/09/2014 Date TD: 02/17/2014 Date Casing Set or D&A: 02/14/2014

Rig Release Date: 04/12/2014 Per Rule 308A.b.

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

Total Depth MD 10206 TVD** 5938 Plug Back Total Depth MD 10206 TVD** 5938

Elevations GR 4855 KB 4872 **Digital Copies of ALL Logs must be Attached per Rule 308A**

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	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,442	546	0	1,442	VISU
1ST	8+3/4	7	23	0	6,056	543	0	6,056	VISU
1ST LINER	6+1/8	4+1/2	11.6	5256	10,181				

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	791		NO	NO	
PARKMAN	3,383	3,738	NO	NO	
SUSSEX	3,910	4,156	NO	NO	
SHARON SPRINGS	5,812	5,976	NO	NO	
NIOBRARA	5,890	10,206	NO	NO	

Comment:

Open Hole Log was ran on the Bringelson Ranch 10-20-9-58 API #05-123-38613.

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

Signed: _____ Print Name: Jeff Annable

Title: Regulatory Analyst Date: _____ Email: regulatory@petro-fs.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400921213	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400921212	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			
400921208	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921209	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921210	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921211	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)