

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:

400924753

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: Madelon Raney

Name of Operator: CARRIZO NIOBRARA LLC

Phone: (713) 358-6218

Address: 500 DALLAS STREET #2300

Fax:

City: HOUSTON

State: TX

Zip: 77002

API Number 05-123-37239-00

County: WELD

Well Name: Shull

Well Number: 1-35-9-60

Location: QtrQtr: NENE Section: 35 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FNL Distance: 1319 feet Direction: FEL

As Drilled Latitude: 40.713180 As Drilled Longitude: -104.054300

GPS Data:

Date of Measurement: 09/22/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: Shan Sethna

** If directional footage at Top of Prod. Zone Dist.: 439 feet. Direction: FNL Dist.: 417 feet. Direction: FEL

Sec: 35 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 650 feet. Direction: FSL Dist.: 322 feet. Direction: FEL

Sec: 35 Twp: 9N Rng: 60W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/28/2014 Date TD: 09/03/2014 Date Casing Set or D&A: 09/01/2014

Rig Release Date: 09/15/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10722 TVD** 6218 Plug Back Total Depth MD 10722 TVD** 6218

Elevations GR 4923 KB 4940

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MWD Log and Cement Bond Log

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	1,456	546	0	1,456	VISU
1ST	8+3/4	7	23	0	6,423	588	630	6,423	CBL
1ST LINER	6+1/8	4+1/2	11.6	5641	10,700				

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	554		NO	NO	ESTIMATED ONLY
PARKMAN	3,425	3,792	NO	NO	ESTIMATED ONLY
SUSSEX	4,127	4,485	NO	NO	ESTIMATED ONLY
SHARON SPRINGS	6,051	6,237	NO	NO	
NIOBRARA	6,237	10,722	NO	NO	

Comment:

No Open Hole Log was ran. Form 10 was filed under document #400924700

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

Signed: _____ Print Name: Madelon RaneyTitle: Regulatory Compl. Analyst Date: _____ Email: madelon.raney@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400924793	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400924790	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>		
400924781	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400924784	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400924785	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400924797	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)