

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:
400924871

Date Received:

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 05-123-37237-00 County: WELD

Well Name: Shull Well Number: 2-35-9-60

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

Footage at surface: Distance: 285 feet Direction: FNL Distance: 1319 feet Direction: FEL

As Drilled Latitude: 40.713140 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.: 464 feet. Direction: FNL Dist.: 627 feet. Direction: FEL
Sec: 35 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FSL Dist.: 619 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) 09/06/2014 Date TD: 09/13/2014 Date Casing Set or D&A: 09/10/2014

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 10653 TVD** 6092 Plug Back Total Depth MD 10653 TVD** 6092

Elevations GR 4924 KB 4941 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD Log, Cement Bond Log, Gamma Ray Compensated Neutron 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	1,468	546	0	1,468	VISU
1ST	8+3/4	7	23	0	6,390	583	230	6,390	CBL
1ST LINER	6+1/8	4+1/2	11.6	5539	10,638				

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	6,106	6,288	NO	NO	
NIOBRARA	6,288	10,653	NO	NO	

Comment:

Form 10 was filed under Document #400924700. A Compensated Neutron Gamma Ray Log was ran on this well.

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: _____

Email: madelon.raney@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400924928	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400924927	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			
400924906	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924910	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924916	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924919	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924923	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924931	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)