

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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Date Received:

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

5. API Number 05-123-37237-00 6. County: WELD
 7. Well Name: Shull Well Number: 2-35-9-60
 8. Location: QtrQtr: NENE Section: 35 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: 10/14/2014 End Date: 10/15/2014 Date of First Production this formation: 10/21/2014

Perforations Top: 6390 Bottom: 10653 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:

FRACTURE STIMULATION IN 15 STAGES THROUGH A PORT AND PACKER SYSTEM WITH 3,243,963 LBS OF 20/40 SAND AND 49,792 BBLS FRESH WATER. GAS AND ACID WAS NOT USED FOR THIS STIMULATION.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 49792 Max pressure during treatment (psi): 6324

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.90

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 0 Number of staged intervals: 15

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 18921

Fresh water used in treatment (bbl): 49792 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3242963 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: 10/24/2014 Hours: 24 Bbl oil: 212 Mcf Gas: 0 Bbl H2O: 1034

Calculated 24 hour rate: Bbl oil: 212 Mcf Gas: 0 Bbl H2O: 1034 GOR: 0

Test Method: 24 HR FLOWBACK Casing PSI: 190 Tubing PSI: 0 Choke Size: 30

Gas Disposition: _____ Gas Type: WET Btu Gas: 1284 API Gravity Oil: 35

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6201 Tbg setting date: 10/28/2014 Packer Depth: _____

Reason for Non-Production: NO GAS WAS PRODUCED DURING TEST.

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:

Gas Analysis was ran at a later date than the test date.

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
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Attachment Check List

Att Doc Num **Name**

400925461	OTHER
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)