

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:
400925467

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 05-123-40028-00 County: WELD

Well Name: Shull Well Number: 3-35-9-60

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

Footage at surface: Distance: 255 feet Direction: FNL Distance: 1319 feet Direction: FEL

As Drilled Latitude: 40.713220 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.: 434 feet. Direction: FNL Dist.: 938 feet. Direction: FEL
Sec: 35 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 650 feet. Direction: FSL Dist.: 923 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) 08/18/2014 Date TD: 08/26/2014 Date Casing Set or D&A: 08/23/2014

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 10688 TVD** 6212 Plug Back Total Depth MD 10688 TVD** 6212

Elevations GR 4923 KB 4940 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD Log and 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	1,457	546	0	1,457	VISU
1ST	8+3/4	7	23	0	6,393	583	370	6,393	CBL
1ST LINER	6+1/8	4+1/2	11.6	5611	10,668				

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
PARKMAN	3,443	3,809	NO	NO	ESTIMATED
SUSSEX	4,136	4,400	NO	NO	ESTIMATED
SHARON SPRINGS	6,032	6,200	NO	NO	
NIOBRARA	6,200	10,688	NO	NO	

Comment:

NO OPEN HOLE LOG WAS RAN ON THIS WELL. 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 Raney

Title: Regulatory Compl. Analyst

Date: _____

Email: madelon.raney@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400925499	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400925498	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			
400925489	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400925491	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400925494	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400925501	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)