

FORM
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Rev
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



Document Number:

400900815

Date Received:

09/23/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-41152-00 County: WELD
Well Name: BRINGELSON RANCH Well Number: 16-20-9-58
Location: QtrQtr: SWNW Section: 20 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 2081 feet Direction: FNL Distance: 558 feet Direction: FWL
As Drilled Latitude: 40.738130 As Drilled Longitude: -103.895630

GPS Data:
Date of Measurement: 02/06/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Gary Algien

** If directional footage at Top of Prod. Zone Dist.: 1728 feet Direction: FNL Dist.: 614 feet Direction: FWL
Sec: 20 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1966 feet Direction: FNL Dist.: 310 feet Direction: FEL
Sec: 20 Twp: 9N Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/21/2015 Date TD: 03/27/2015 Date Casing Set or D&A: 03/25/2015
Rig Release Date: 04/07/2015 Per Rule 308A.b.

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

Total Depth MD 10485 TVD** 5784 Plug Back Total Depth MD 10485 TVD** 5784
Elevations GR 4872 KB 4889 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD with Gamma Ray & Radial Bond. The open hole log was ran on the Bringelson Ranch 17-20-9-58 (API #05-123-41153).

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	65	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,437	437	0	1,437	VISU
1ST	8+3/4	7	23	0	6,125	439	953	6,125	CBL
2ND	6+1/8	4+1/2	11.6	0	10,455				

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	
SHARON SPRINGS	5,834	6,000	NO	NO	
NIOBRARA	6,000	10,485	NO	NO	

Operator Comments

This well is part of a Mult-Well pad.
 This well will not be completed at this time. The TOP was calculated by the shallowest packer that was set with the liner
 As-built coordinates measured from conductor casing.

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: 9/23/2015 Email: regulatory@petro-fs.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400900857	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400900858	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>			
400900815	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900853	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900855	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900860	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400904196	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	"1st Liner" changed to "Second String"; run to surface.	10/29/2015 12:52:47 PM

Total: 1 comment(s)