

**FORM
5**Rev
09/14**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

400903858

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: 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 05-123-37245-00 County: WELD
Well Name: Shull Well Number: 2-25-9-60
Location: QtrQtr: SESE Section: 25 Township: 9N Range: 60W Meridian: 6
Footage at surface: Distance: 265 feet Direction: FSL Distance: 1324 feet Direction: FEL
As Drilled Latitude: 40.714690 As Drilled Longitude: -104.035110

GPS Data:

Date of Measurement: 10/31/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: George Allen** If directional footage at Top of Prod. Zone Dist.: 667 feet Direction: FSL Dist.: 1307 feet Direction: FELSec: 25 Twp: 9N Rng: 60W** If directional footage at Bottom Hole Dist.: 655 feet Direction: FNL Dist.: 1315 feet Direction: FELSec: 25 Twp: 9N Rng: 60WField Name: DJ HORIZONTAL NIOBRARA Field Number: 16950

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/17/2013 Date TD: 06/26/2013 Date Casing Set or D&A: 06/22/2013Rig Release Date: 02/13/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 10580 TVD** 6202 Plug Back Total Depth MD 10580 TVD** 6202Elevations GR 4943 KB 4960 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MWD Log, CBL. No Open Hole Log was ran on this well per 317.p exception request.

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	39.6	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,428	646	0	1,428	VISU
1ST	8+3/4	7	23	0	6,231	565	1,390	6,231	CBL
1ST LINER	6+1/8	4+1/2	11.6	5498	10,565				

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	
SUSSEX	4,046	4,352	NO	NO	This formation is estimated only
PIERRE	4,352	4,960	NO	NO	This formation is estimated only
SHARON SPRINGS	4,960	6,075	NO	NO	
NIOBRARA	6,075	10,580	NO	NO	This formation goes deeper than what we drilled to

Operator Comments

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: 9/23/2015 Email: madelon.raney@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400903951	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400903947	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>					
400903858	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400903923	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400903930	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400903935	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400903966	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected KB Elevation and rig release date per the operator.	10/9/2015 1:45:13 PM
Permit	Requested and corrected GPS coordinate measurment date per the operator. Removed comment that Surface Hole was measured from the conductor.	10/9/2015 1:06:17 PM

Total: 2 comment(s)