

Document Number:  
400927862

Date Received:

**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.

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 05-123-37554-00 County: WELD  
 Well Name: Nelson Ranches Well Number: 1-27-10-59  
 Location: QtrQtr: SENE Section: 28 Township: 10N Range: 59W Meridian: 6  
 Footage at surface: Distance: 2219 feet Direction: FNL Distance: 193 feet Direction: FEL  
 As Drilled Latitude: 40.810060 As Drilled Longitude: -103.975660

GPS Data:  
 Date of Measurement: 11/04/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Jim Grabowski

\*\* If directional footage at Top of Prod. Zone Dist.: 1869 feet. Direction: FNL Dist.: 523 feet. Direction: FEL  
 Sec: 28 Twp: 10N Rng: 59W  
 \*\* If directional footage at Bottom Hole Dist.: 1894 feet. Direction: FNL Dist.: 650 feet. Direction: FEL  
 Sec: 27 Twp: 10N Rng: 59W

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

Spud Date: (when the 1st bit hit the dirt) 07/27/2013 Date TD: 08/06/2013 Date Casing Set or D&A: 07/13/2013  
 Rig Release Date: 10/27/2014 Per Rule 308A.b.

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

Total Depth MD 11607 TVD\*\* 6326 Plug Back Total Depth MD 11607 TVD\*\* 6326  
 Elevations GR 5167 KB 5184 **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	6	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,438	546	0	1,438	VISU
1ST	8+3/4	7	23	0	6,383	584	1,202	6,383	CBL
1ST LINER	6+1/8	4+1/2	11.6	5694	11,592				

## 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	522		NO	NO	ESTIMATED
PARKMAN	3,775	4,013	NO	NO	ESTIMATED
SUSSEX	4,317	4,592	NO	NO	ESTIMATED
SHARON SPRINGS	6,196	6,270	NO	NO	
NIOBRARA	6,270	11,607	NO	NO	

Comment:

OPEN HOLE LOG WAS NOT RAN ON THIS WELL. FORM 10 WAS FILED UNDER DOCUMENT #400915028

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 ?	
<b>Attachment Checklist</b>			
400927907	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400927904	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"/>
<b>Other Attachments</b>			
400927898	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400927899	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400927900	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400927923	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)