

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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Document Number:

400926905

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

2. Name of Operator: CARRIZO NIOBRARA LLC

3. Address: 500 DALLAS STREET #2300

City: HOUSTON State: TX Zip: 77002

4. Contact Name: CAROL PRUITT

Phone: (713) 328-1000

Fax: (713) 328-1060

Email: CAROL.PRUITT@CRZO.NET

5. API Number 05-123-37743-00

7. Well Name: Bob White

8. Location: QtrQtr: SWSW Section: 36 Township: 8N Range: 62W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: WELD

Well Number: 2-36-8-62

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/02/2013 End Date: 10/03/2013 Date of First Production this formation: 10/11/2013

Perforations Top: 6632 Bottom: 11075 No. Holes: Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 3,243,144 LBS 20/40 SAND AND 54,273 BBLS FRESH WATER. NO GAS OR ACID USED IN THIS TREATMENT.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 54273

Max pressure during treatment (psi): 4811

Total gas used in treatment (mcf):

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):

Number of staged intervals: 15

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 20623

Fresh water used in treatment (bbl): 54273

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3243144

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

Test Information:

Date: 10/11/2013 Hours: 24 Bbl oil: 35 Mcf Gas: 0 Bbl H2O: 709

Calculated 24 hour rate: Bbl oil: 35 Mcf Gas: 0 Bbl H2O: 709 GOR: 0

Test Method: 24 HR FLOWBACK Casing PSI: 150 Tubing PSI: Choke Size: 26/64

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6350 Tbg setting date: 10/23/2013 Packer Depth: 6344

Reason for Non-Production:

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:

NO GAS PRODUCED DURING THIS TEST. GAS ANALYSIS OBTAINED LATER ATTACHED AS "OTHER" FORM 10 SUBMITTED, DOC 400928619

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CAROL PRUITT

Title: REGULATORY COMPLIANCE Date: \_\_\_\_\_ Email: CAROL.PRUITT@CRZO.NET  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400928608	OTHER
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Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**

**Comment Date**

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Total: 0 comment(s)