

FORM
5ARev
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:

400926998

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 05-123-37742-00

7. Well Name: Bob White

6. County: WELD

Well Number: 3-36-8-62

8. Location: QtrQtr: SWSW

Section: 36

Township: 8N

Range: 62W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/29/2013

End Date: 09/30/2013

Date of First Production this formation: 10/09/2013

Perforations

Top: 6625

Bottom: 11082

No. Holes:

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 2,360,420 LBS 20/40 SAND AND 40,508 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): 40508

Max pressure during treatment (psi): 6518

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): 0.87

Total acid used in treatment (bbl):

Number of staged intervals: 14

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 15393

Fresh water used in treatment (bbl): 40508

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2360420

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/10/2013

Hours: 24

Bbl oil: 114

Mcf Gas: 0

Bbl H2O: 812

Calculated 24 hour rate:

Bbl oil: 114

Mcf Gas: 0

Bbl H2O: 812

GOR: 0

Test Method: 24 HR FLOWBACK

Casing PSI: 155

Tubing PSI:

Choke Size: 26/64

Gas Disposition:

Gas Type:

Btu Gas: 0

API Gravity Oil: 38

Tubing Size: 2 + 3/8

Tubing Setting Depth: 6350

Tbg setting date: 10/25/2013

Packer Depth: 6342

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"

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

400927006

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)