

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:

400928597

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

4. Contact Name: CAROL PRUITT

2. Name of Operator: CARRIZO NIOBRARA LLC

Phone: (713) 328-1000

3. Address: 500 DALLAS STREET #2300

Fax: (713) 328-1060

City: HOUSTON State: TX Zip: 77002

Email: CAROL.PRUITT@CRZO.NET

5. API Number 05-123-37745-00

6. County: WELD

7. Well Name: Bob White

Well Number: 4-36-8-62

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: 10/01/2013

End Date: 10/02/2013

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

Perforations

Top: 6657

Bottom: 11095

No. Holes:

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

FRACTURE STIMULATED THROUGH A PACKER AND PORT SYSTEM WITH 3,190,746 LBS 20/40 SAND AND 54,275 BBLS FRESH WATER. NO ACID OR GAS USED IN THIS TREATMENT.

This formation is commingled with another formation:

☐ Yes ☒ No

Total fluid used in treatment (bbl): 54275

Max pressure during treatment (psi): 5634

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): 20624

Fresh water used in treatment (bbl): 54275

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 31090746

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: 10/11/2013

Hours: 24

Bbl oil: 124

Mcf Gas: 0

Bbl H2O: 1048

Calculated 24 hour rate:

Bbl oil: 124

Mcf Gas: 0

Bbl H2O: 1048

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: 6340

Tbg setting date: 10/26/2013

Packer Depth: 6332

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 TEST. GAS ANALYSIS OBTAINED LATER IS ATTACHED AS "OTHER". FORM 10 SUBMITTED, DOC. NO. 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
:

Attachment Check List

Att Doc Num **Name**

400928616	OTHER
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)