

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400934840  Date Received:				
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: <u>10439</u> 2. Name of Operator: <u>CARRIZO NIOBRARA LLC</u> 3. Address: <u>500 DALLAS STREET #2300</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	4. Contact Name: <u>Jeff Annable</u> Phone: <u>(303) 928-7128</u> Fax: <u>(303) 2185678</u> Email: <u>regulatory@petro-fs.com</u>
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5. API Number <u>05-123-38350-00</u> 7. Well Name: <u>SPEAKER</u> 8. Location: QtrQtr: <u>NWNW</u> Section: <u>27</u> Township: <u>8N</u> 9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	6. County: <u>WELD</u> Well Number: <u>1-27-8-61</u> Range: <u>61W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/20/2013</u>	End Date: <u>12/21/2013</u>	Date of First Production this formation: <u>01/13/2014</u>
Perforations Top: <u>6647</u>	Bottom: <u>11122</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>
Fracture stimulated through a 16 stage port and packer system with 3,282,543 lbs of sand and 54,298 bbls of fresh water.		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>54298</u>	Max pressure during treatment (psi): <u>5484</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.90</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.85</u>	
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>16</u>	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>17375</u>	
Fresh water used in treatment (bbl): <u>54298</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>3282543</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>	
Reason why green completion not utilized: <u>PIPELINE</u>		

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>01/13/2014</u>	Hours: <u>24</u>	Bbl oil: <u>79</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>64</u>
Calculated 24 hour rate:	Bbl oil: <u>79</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>64</u>	GOR: <u>0</u>
Test Method: <u>24 Hour Flowbac</u>	Casing PSI: <u>35</u>	Tubing PSI: _____	Choke Size: <u>26/64</u>	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>37</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5990</u>	Tbg setting date: <u>01/22/2014</u>	Packer Depth: <u>5990</u>	
Reason for Non-Production: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 15px;"></span>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		

\*\* Bridge Plug Depth: \_\_\_\_\_   \*\* Sacks cement on top: \_\_\_\_\_   \*\* Wireline and Cement Job Summary must be attached.

Comment:

Gas wasn't produced during the test period but is being produced currently. The gas has since been analyzed and the analysis is 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: Jeff Annable

Title: Regulatory Analyst Date: \_\_\_\_\_ Email regulatory@petro-fs.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400934896	OTHER
400934898	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)