

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400937821

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: Jeff Annable
 2. Name of Operator: CARRIZO NIOBRARA LLC Phone: (303) 928-7128
 3. Address: 500 DALLAS STREET #2300 Fax: (303) 2185678
 City: HOUSTON State: TX Zip: 77002 Email: regulatory@petro-fs.com

5. API Number 05-123-39372-00 6. County: WELD
 7. Well Name: Bringelson Ranch Well Number: 14-20-9-58
 8. Location: QtrQtr: SWNW Section: 20 Township: 9N Range: 58W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/24/2015 End Date: 10/25/2015 Date of First Production this formation: 11/01/2015

Perforations Top: 6109 Bottom: 10582 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:

Fracture stimulated through a 16 stage port and packer system with 3,451,871 lbs of sand and 52,951 bbls of fresh water.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 52951 Max pressure during treatment (psi): 6051

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 16944

Fresh water used in treatment (bbl): 52951 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3451871 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: 11/04/2015 Hours: 24 Bbl oil: 70 Mcf Gas: 0 Bbl H2O: 295

Calculated 24 hour rate: Bbl oil: 70 Mcf Gas: 0 Bbl H2O: 295 GOR: _____

Test Method: 24 Hour Flowbac Casing PSI: 31 Tubing PSI: _____ Choke Size: 33/64

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5644 Tbg setting date: 11/06/2015 Packer Depth: 5634

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:

Gas was not produced during the flowback test. When gas production occurs a Form 4 sundry will be submitted with the gas analysis.

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

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

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

Total: 0 comment(s)