

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:

400943263

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: MADELON RANEY
 2. Name of Operator: CARRIZO NIOBRARA LLC Phone: (713) 358-6218
 3. Address: 500 DALLAS STREET #2300 Fax: _____
 City: HOUSTON State: TX Zip: 77002 Email: madelon.raney@crzo.net

5. API Number 05-123-36868-00 6. County: WELD
 7. Well Name: Nelson Well Number: 2-17-9-60
 8. Location: QtrQtr: SESW Section: 17 Township: 9N Range: 60W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 06/07/2013 End Date: 06/11/2013 Date of First Production this formation: 07/06/2013Perforations Top: 6939 Bottom: 10770 No. Holes: 166 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRACTURE STIMULATE IN 14 STAGES THROUGH A PORT AND PACKER SYSTEM WITH 3,253,601 LBS OF 20/40 SAND AND 84,580 BBLS FRESH WATER, AND 690 BBLS OF 15% HCL ACID.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 84580Max pressure during treatment (psi): 6652Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.90

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.81Total acid used in treatment (bbl): 690Number of staged intervals: 14Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 32140Fresh water used in treatment (bbl): 84580Disposition method for flowback: DISPOSALTotal proppant used (lbs): 3253601Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/10/2013 Hours: 24 Bbl oil: 286 Mcf Gas: 71 Bbl H2O: 617
 Calculated 24 hour rate: Bbl oil: 286 Mcf Gas: 71 Bbl H2O: 617 GOR: 248
 Test Method: 24 HR FLOWBACK Casing PSI: 305 Tubing PSI: 3100 Choke Size: 26
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1195 API Gravity Oil: 33
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6050 Tbg setting date: 07/01/2013 Packer Depth: _____

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 ANALYSIS WAS RAN AT A LATER DATE THAN THE WELL TEST.

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

Signed: _____

Print Name: Madelon Raney

Title: Regulatory Compl. Analyst

Date: _____

Email: madelon.raney@crzo.net

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Attachment Check List

Att Doc Num

Name

400943305

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)