

FORM  
5Rev  
09/14

## 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:

400953770

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10439

Contact Name: Jeff Annable

Name of Operator: CARRIZO NIOBRARA LLC

Phone: (303) 928-7128

Address: 500 DALLAS STREET #2300

Fax: (303) 218-5678

City: HOUSTON State: TX Zip: 77002

API Number 05-123-36371-00

County: WELD

Well Name: Bringelson Ranch

Well Number: 3-34-9-58

Location: QtrQtr: NENE Section: 34 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 297 feet Direction: FNL Distance: 1286 feet Direction: FEL

As Drilled Latitude: 40.714160 As Drilled Longitude: -103.844960

## GPS Data:

Date of Measurement: 02/26/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 807 feet. Direction: FNL Dist.: 2364 feet. Direction: FEL

Sec: 34 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 650 feet. Direction: FSL Dist.: 2428 feet. Direction: FEL

Sec: 34 Twp: 9N Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/20/2013 Date TD: 03/28/2013 Date Casing Set or D&amp;A: 03/24/2013

Rig Release Date: 04/08/2013 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 10110 TVD\*\* 5704 Plug Back Total Depth MD 10110 TVD\*\* 5704

Elevations GR 4732 KB 4749 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

MWD with Gamma Ray, CBL

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	18	16	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,427	557	0	1,427	VISU
1ST	8+3/4	7	23	0	5,969	489	0	5,969	VISU
1ST LINER	6+1/8	4+1/2	11.6	4915	9,962				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	494		NO	NO	
PARKMAN	3,205	3,545	NO	NO	
SUSSEX	3,761	4,012	NO	NO	
SHARON SPRINGS	5,584	5,766	NO	NO	
NIOBRARA	5,766	10,110	NO	NO	

Comment:

Open Hole log was not ran in this well. The COGCC Log Submittal Policy had not yet been released at the time of this completion.

As-built coordinates measured from conductor casing.

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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400954319	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400954317	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400954313	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400954314	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400954315	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400954316	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)