

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		<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				
COMPLETED INTERVAL REPORT			Document Number: 400955020 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>10338</u> 2. Name of Operator: <u>CARRIZO OIL & GAS INC</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) 218-5678</u> Email: <u>regulatory@petro-fs.com</u>
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5. API Number <u>05-123-36389-00</u> 7. Well Name: <u>Bringelson Ranch</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>34</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u> 9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	6. County: <u>WELD</u> Well Number: <u>4-34-9-58</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>04/25/2013</u>	End Date: <u>04/26/2013</u>	Date of First Production this formation: <u>05/03/2013</u>
Perforations Top: <u>6243</u>	Bottom: <u>9808</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>	
Fracture stimulated through a 14 stage port and packer system with 2,839,181 lbs of sand and 45,084 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>45084</u>	Max pressure during treatment (psi): <u>4036</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</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>13</u>	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>14427</u>	
Fresh water used in treatment (bbl): <u>45084</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>2839181</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>05/07/2013</u>	Hours: <u>24</u>	Bbl oil: <u>243</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>400</u>
Calculated 24 hour rate:	Bbl oil: <u>243</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>400</u>	GOR: <u>0</u>
Test Method: <u>24 Hour Flowbac</u>	Casing PSI: <u>500</u>	Tubing PSI: _____	Choke Size: <u>26/64</u>	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>34</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5300</u>	Tbg setting date: <u>05/15/2013</u>	Packer Depth: _____	
Reason for Non-Production: 				
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: CAROL PRUITT

Title: REGULATORY COMPLIANCE Date: _____ Email: CAROL.PRUITT@CRZO.NET

Attachment Check List

Att Doc Num **Name**

400955081	OTHER
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)