

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



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Document Number: 401103576

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: CAROL PRUITT
 2. Name of Operator: CARRIZO NIOBRARA LLC Phone: (713) 328-1000
 3. Address: 500 DALLAS STREET #2300 Fax: (713) 328-1060
 City: HOUSTON State: TX Zip: 77002 Email: CAROL.PRUITT@CRZO.NET

5. API Number 05-123-41243-00 6. County: WELD
 7. Well Name: PTASNIK Well Number: 4-30-9-59
 8. Location: QtrQtr: Lot 4 Section: 30 Township: 9N Range: 59W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/21/2016 End Date: 08/23/2016 Date of First Production this formation: 09/10/2016

Perforations Top: 6342 Bottom: 10931 No. Holes: _____ Hole size: _____

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

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM W/ 136,627 BBLS FRESHWATER AND 4,980,468 LBS SAND. NO GAS OR ACID USED IN THIS TREATMENT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 136627 Max pressure during treatment (psi): 6606

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.84

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 50918

Fresh water used in treatment (bbl): 136627 Disposition method for flowback: _____

Total proppant used (lbs): 4980469 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/18/2016 Hours: 24 Bbl oil: 400 Mcf Gas: 217 Bbl H2O: 752

Calculated 24 hour rate: Bbl oil: 400 Mcf Gas: 217 Bbl H2O: 752 GOR: 542

Test Method: 24 HR FLOWBACK Casing PSI: 425 Tubing PSI: _____ Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1271 API Gravity Oil: 31

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:

TOP OF PRODUCTION AGREES WITH FORM 5 (DOC NO 400905291)
BTU TAKEN FROM ANOTHER WELL ON ADJACENT DRILL PAD. NO GAS ANALYSIS AVAILABLE YET.
NO TUBING IN WELL AT THIS TIME

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**

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

Total Attach: 0 Files

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

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

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