

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:

400916634

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: Madelon Raney

Name of Operator: CARRIZO NIOBRARA LLC

Phone: (713) 358-6218

Address: 500 DALLAS STREET #2300

Fax:

City: HOUSTON State: TX Zip: 77002

API Number 05-123-37243-00

County: WELD

Well Name: Shull

Well Number: 4-25-9-60

Location: QtrQtr: SWSE Section: 25 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 265 feet Direction: FSL Distance: 1354 feet Direction: FEL

As Drilled Latitude: 40.714690 As Drilled Longitude: -104.035220

GPS Data:

Date of Measurement: 10/31/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: GEORGE ALLEN

** If directional footage at Top of Prod. Zone Dist.: 250 feet. Direction: FSL Dist.: 2407 feet. Direction: FEL

Sec: 25 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 649 feet. Direction: FNL Dist.: 2618 feet. Direction: FWL

Sec: 25 Twp: 9N Rng: 60W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/15/2013 Date TD: 07/22/2013 Date Casing Set or D&A: 07/18/2013

Rig Release Date: 02/13/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10841 TVD** 6170 Plug Back Total Depth MD 10841 TVD** 6170

Elevations GR 4943 KB 4960 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MWD

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	24	16	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,405	586	0	1,405	VISU

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	509	6,308	NO	NO	Estimated only
PARKMAN	3,471	3,821	NO	NO	ESTIMATED ONLY
SUSSEX	4,046	4,352	NO	NO	ESTIMATED ONLY
SHARON SPRINGS	6,164	6,308	NO	NO	
NIOBRARA	6,308	10,841	NO	NO	

Comment:

FISH WAS STUCK IN HOLE ABANDONED AND CEMENTED HOLE AT 1509' AND BOTTOM AT 4127' ONLY CONDUCTOR AND SURFACE CASING WAS SET AT THIS TIME. NO OPEN HOLE LOG WAS RAN. WELLBORE SCHEMATIC IS ENCLOSED AND ALL DIRECTIONAL INFORMAITON WILL BE FILED WITH THE 01 SIDETRACK FORM 5.

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400916828	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400916801	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

