

Document Number:  
400916713

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

API Number 05-123-38369-00 County: WELD  
 Well Name: CASTOR Well Number: 5-36-9-59  
 Location: QtrQtr: NENE Section: 36 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 347 feet Direction: FNL Distance: 722 feet Direction: FEL  
 As Drilled Latitude: 40.713540 As Drilled Longitude: -103.919000

GPS Data:  
 Date of Measurement: 02/11/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: ERIC PURCELL

\*\* If directional footage at Top of Prod. Zone Dist.: 370 feet. Direction: FNL Dist.: 1309 feet. Direction: FEL  
 Sec: 36 Twp: 9N Rng: 59W  
 \*\* If directional footage at Bottom Hole Dist.: 650 feet. Direction: FSL Dist.: 1331 feet. Direction: FEL  
 Sec: 36 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999  
 Federal, Indian or State Lease Number: 9821.8

Spud Date: (when the 1st bit hit the dirt) 10/11/2013 Date TD: 12/05/2013 Date Casing Set or D&A: 12/02/2013  
 Rig Release Date: 12/18/2013 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 10390 TVD\*\* 5993 Plug Back Total Depth MD 10390 TVD\*\* 5993  
 Elevations GR 4890 KB 4907 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
MWD W/ GAMMA RAY

**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	1,403	646	0	1,403	VISU
1ST	8+3/4	7	23	0	6,074	539	1,100	6,074	CBL
1ST LINER	6+1/8	4+1/2	11.6	5343	10,369				

## 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	
PARKMAN	3,428	3,706	NO	NO	
SUSSEX	3,951	4,196	NO	NO	
SHARON SPRINGS	5,880	5,979	NO	NO	
NIOBRARA	5,979	10,390	NO	NO	

Comment:

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	Document Name	attached ?	
<b>Attachment Checklist</b>			
400917145	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400917141	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"/>
<b>Other Attachments</b>			
400916746	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400916750	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400916751	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400916762	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)