

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.

Document Number:
400917754

Date Received:

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 05-123-41038-00 County: WELD

Well Name: SHULL Well Number: 5-25-9-60

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

Footage at surface: Distance: 265 feet Direction: FSL Distance: 1555 feet Direction: FEL

As Drilled Latitude: 40.714690 As Drilled Longitude: -104.035940

GPS Data:
Date of Measurement: 12/17/2014 PDOP Reading: 3.0 GPS Instrument Operator's Name: Gary Algien

** If directional footage at Top of Prod. Zone Dist.: 446 feet. Direction: FSL Dist.: 433 feet. Direction: FEL
Sec: 25 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 350 feet. Direction: FNL Dist.: 356 feet. Direction: FEL
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) 02/04/2015 Date TD: 02/11/2015 Date Casing Set or D&A: 02/09/2015

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 11037 TVD** 6045 Plug Back Total Depth MD 11037 TVD** 6045

Elevations GR 4887 KB 4904 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD Log and 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	24	16	36.9	0	60	6	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,439	549	0	1,439	VISU
1ST	8+3/4	7	23	0	6,451	471	1,130	6,451	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	11,011				

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	521	6,310	NO	NO	ESTIMATED ONLY
PARKMAN	3,450	3,872	NO	NO	ESTIMATED ONLY
SUSSEX	4,053	4,263	NO	NO	ESTIMATED ONLY
SHARON SPRINGS	6,116	6,310	NO	NO	
NIOBRARA	6,310	11,037			

Comment:

The TOP of production was obtained off the final liner setting sheet, showing depth of casing shoe and the shallowest frac port. Open Hole Log was not ran on this well.

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 ?
Attachment Checklist		
400917798	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400917796	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"/>
Other Attachments		
400917784	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400917787	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400917788	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400917805	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)