

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:
400919612

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 05-123-40494-00 County: WELD
 Well Name: SHULL Well Number: 6-25-9-60
 Location: QtrQtr: SWSE Section: 25 Township: 9N Range: 60W Meridian: 6
 Footage at surface: Distance: 265 feet Direction: FSL Distance: 1570 feet Direction: FEL
 As Drilled Latitude: 40.714690 As Drilled Longitude: -104.036000

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.: 498 feet. Direction: FSL Dist.: 984 feet. Direction: FEL
 Sec: 25 Twp: 9N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 511 feet. Direction: FNL Dist.: 1007 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) 01/01/2015 Date TD: 01/10/2015 Date Casing Set or D&A: 01/06/2015
 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 10676 TVD** 6087 Plug Back Total Depth MD 10315 TVD** 6083
 Elevations GR 4887 KB 4904 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD Log and Cement Bond Log

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	1,454	549	0	1,454	VISU
1ST	8+3/4	7	23	0	6,329	447	1,283	6,329	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	10,292				

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	6,258	NO	NO	ESTIMATED ONLY
PARKMAN	3,471	3,821	NO	NO	ESTIMATED ONLY
SUSSEX	4,046	4,352	NO	NO	ESTIMATED ONLY
SHARON SPRINGS	6,040	6,258	NO	NO	
NIOBRARA	6,258	10,676			

Comment:

No Open Hole Log Was Ran on this well. Form 4 317.P approval under Document #400893798

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			
400919630	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400919629	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			
400919625	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919626	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919627	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919632	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)