

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



DE ET OE ES

Document Number:

400918488

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 05-123-39331-00

County: WELD

Well Name: Hemberger

Well Number: 4-26-8-60

Location: QtrQtr: SESE Section: 26 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 434 feet Direction: FSL Distance: 456 feet Direction: FEL

As Drilled Latitude: 40.627330 As Drilled Longitude: -104.051070

GPS Data:

Date of Measurement: 07/15/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: GARY ALGIEN

** If directional footage at Top of Prod. Zone Dist.: 648 feet. Direction: FSL Dist.: 1320 feet. Direction: FEL

Sec: 26 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FNL Dist.: 1424 feet. Direction: FEL

Sec: 26 Twp: 8N Rng: 60W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/02/2014 Date TD: 11/09/2014 Date Casing Set or D&A: 11/06/2014

Rig Release Date: 11/11/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10532 TVD** 6120 Plug Back Total Depth MD 10532 TVD** 6120

Elevations GR 4877 KB 4894 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MWD W/ GAMMA RAY & 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	14	16	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,451	646	0	1,451	VISU
1ST	8+3/4	7	23	0	6,378	578	0	6,378	VISU
1ST LINER	6+1/8	4+1/2	11.6	5438	10,507				

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	557		NO	NO	
PARKMAN	3,349	3,620	NO	NO	
SUSSEX	3,900	4,065	NO	NO	
SHARON SPRINGS	6,118	6,300	NO	NO	
NIOBRARA	6,300	10,632	NO	NO	

Comment:

AS-BUILT SURFACE LOCATION MEASURED FROM CONDUCTOR. MULTI-WELL PAD: HEMBERGER 5-26-8-60 (123-39277) WAS THE WELL ON THIS PAD THAT WAS LOGGED WITH THE ALTERNATIVE COMPENSATED NEUTRON LOG IN ACCORDANCE WITH THE EXCEPTION LOG REQUEST 317.P

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 ?			
<u>Attachment Checklist</u>					
400918523	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400918525	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"/>
<u>Other Attachments</u>					
400918508	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400918511	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400918520	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400918526	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)