

Document Number:
400921885

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 05-123-40495-00 County: WELD
 Well Name: SHULL Well Number: 7-25-9-60
 Location: QtrQtr: SWSE Section: 25 Township: 9N Range: 60W Meridian: 6
 Footage at surface: Distance: 265 feet Direction: FSL Distance: 1584 feet Direction: FEL
 As Drilled Latitude: 40.714690 As Drilled Longitude: -104.036050

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.: 630 feet. Direction: FSL Dist.: 1632 feet. Direction: FEL
 Sec: 25 Twp: 9N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 328 feet. Direction: FNL Dist.: 1643 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) 01/14/2015 Date TD: 01/23/2015 Date Casing Set or D&A: 01/24/2015
 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 10796 TVD** 6143 Plug Back Total Depth MD 10689 TVD** 6139
 Elevations GR 4887 KB 4904 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD Log and CBL 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	1,464	549	0	1,464	VISU
1ST	8+3/4	7	23	0	6,288	438	0	6,288	VISU
2ND	6+1/8	4+1/2	11.6	0	10,781	352	1,550	10,781	CBL

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	518		NO	NO	ESTIMATED
PARKMAN	3,431	3,830	NO	NO	ESTIMATED
SUSSEX	4,106	4,369	NO	NO	ESTIMATED
SHARON SPRINGS	6,100	6,244	NO	NO	
NIOBRARA	6,244	10,796			

Comment:

No Opren Hole Log was ran on this well. As built location measured to Conductor. Top of Production is proposed well not perforated or frac'd yet.

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		
400921944	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400921942	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		
400921931	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400921933	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400921935	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400921948	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)