

FORM
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Rev
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



Document Number:

400900870

Date Received:

09/23/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10439 Contact Name: Jeff Annable
Name of Operator: CARRIZO NIOBRARA LLC Phone: (303) 928-7128
Address: 500 DALLAS STREET #2300 Fax: (303) 218-5678
City: HOUSTON State: TX Zip: 77002

API Number 05-123-41153-00 County: WELD
Well Name: BRINGELSON RANCH Well Number: 17-20-9-58
Location: QtrQtr: SWNW Section: 20 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 2081 feet Direction: FNL Distance: 573 feet Direction: FWL
As Drilled Latitude: 40.738130 As Drilled Longitude: -103.895580

GPS Data:
Date of Measurement: 02/06/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Gary Algien

** If directional footage at Top of Prod. Zone Dist.: 2013 feet Direction: FNL Dist.: 583 feet Direction: FWL
Sec: 20 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 2263 feet Direction: FNL Dist.: 310 feet Direction: FEL
Sec: 20 Twp: 9N Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/29/2015 Date TD: 04/05/2015 Date Casing Set or D&A: 04/02/2015
Rig Release Date: 04/07/2015 Per Rule 308A.b.

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

Total Depth MD 10530 TVD** 5776 Plug Back Total Depth MD 10530 TVD** 5776
Elevations GR 4872 KB 4889 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD with Gamma Ray, Open-Hole Dual-Induction Gamma Ray, Radial Bond. The open hole log was ran on this well and is attached.

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	18	16	65	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,439	437	0	1,439	VISU
1ST	8+3/4	7	23	0	6,132	444	1,790	6,132	CBL
2ND	6+1/8	4+1/2	11.6	0	10,494				

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	
SHARON SPRINGS	5,810	5,980	NO	NO	
NIOBRARA	5,980	10,530	NO	NO	

Operator Comments

This well is part of a Multi-Well pad.
This well will not be completed at this time. The TOP was calculated by the shallowest packer that was set with the liner.
As-built coordinates measured from conductor casing.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jeff Annable

Title: Regulatory Analyst Date: 9/23/2015 Email: regulatory@petro-fs.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400900882	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400900884	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			
400900870	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900873	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900877	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900879	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900880	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900885	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400904222	PDF-GAMMA RAY	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)