

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:
400927013

Date Received:

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 05-123-37745-00 County: WELD

Well Name: Bob White Well Number: 4-36-8-62

Location: QtrQtr: SWSW Section: 36 Township: 8N Range: 62W Meridian: 6

Footage at surface: Distance: 282 feet Direction: FSL Distance: 856 feet Direction: FWL

As Drilled Latitude: 40.611090 As Drilled Longitude: -104.275010

GPS Data:
Date of Measurement: 11/04/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: MARC WOODARD

** If directional footage at Top of Prod. Zone Dist.: 363 feet. Direction: FSL Dist.: 1545 feet. Direction: FWL
Sec: 36 Twp: 8N Rng: 62W

** If directional footage at Bottom Hole Dist.: 652 feet. Direction: FNL Dist.: 1551 feet. Direction: FWL
Sec: 36 Twp: 8N Rng: 62W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: 3756605

Spud Date: (when the 1st bit hit the dirt) 08/12/2013 Date TD: 08/22/2013 Date Casing Set or D&A: 08/17/2013

Rig Release Date: 09/10/2013 Per Rule 308A.b.

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

Total Depth MD 11095 TVD** 6617 Plug Back Total Depth MD 11095 TVD** 6617

Elevations GR 4939 KB 4956 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD W/ GAMMA RAY

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	1,434	586	0	1,434	VISU
1ST	8+3/4	7	23	0	6,657	595	450	6,657	CBL
1ST LINER	6+1/8	4+1/2	11.6	5977	11,070				

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	6,460	6,570	NO	NO	
NIOBRARA	6,570	11,095			

Comment:

NO OTHER FORMATIONS RECORDED. NO OPEN HOLE LOG RUN. COGCC LOG SUBMITTAL POLICY NOT YET RELEASED AT TIME OF THIS COMPLETION. FORM 10 SUBMITTED, DOC NO. 400928619

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 ?	
Attachment Checklist			
400927043	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400927042	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			
400927034	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400927035	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400927037	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400927233	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)