

FORM 5A  
Rev 06/12

# State of Colorado Oil and Gas Conservation Commission

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Document Number:  
400930857

Date Received:

## COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10439</u>	4. Contact Name: <u>CAROL PRUITT</u>
2. Name of Operator: <u>CARRIZO NIOBRARA LLC</u>	Phone: <u>(713) 328-1000</u>
3. Address: <u>500 DALLAS STREET #2300</u>	Fax: <u>(713) 328-1060</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>CAROL.PRUITT@CRZO.NET</u>

5. API Number <u>05-123-36557-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Sievers</u>	Well Number: <u>1-3-7-62</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>3</u> Township: <u>7N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/29/2013 End Date: 05/31/2013 Date of First Production this formation: 06/15/2013

Perforations Top: 6860 Bottom: 10920 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

**FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 2,749,222 LBS 20/40 SAND AND 51,172 BBLS FRESH WATER. NO ACID OR GAS USED IN THIS TREATMENT.**

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>51172</u>	Max pressure during treatment (psi): <u>6974</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.90</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.84</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>14</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>19445</u>
Fresh water used in treatment (bbl): <u>51172</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>2749222</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: PIPELINE

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: <u>06/18/2013</u>	Hours: <u>24</u>	Bbl oil: <u>239</u>	Mcf Gas: <u>115</u>	Bbl H2O: <u>643</u>
Calculated 24 hour rate:	Bbl oil: <u>239</u>	Mcf Gas: <u>115</u>	Bbl H2O: <u>643</u>	GOR: <u>481</u>
Test Method: <u>24 HR FLOWBACK</u>	Casing PSI: <u>180</u>	Tubing PSI: <u>2000</u>	Choke Size: <u>48/64</u>	
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1322</u>	API Gravity Oil: <u>36</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6140</u>	Tbg setting date: <u>06/12/2013</u>	Packer Depth: _____	

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

GAS ANALYSIS ATTACHED AS "OTHER" FORM 10 SUBMITTED, DOC. NO. 400930899

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  
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### Attachment Check List

**Att Doc Num**      **Name**

400931164	OTHER
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)