

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:
400941379

Date Received:

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 05-123-37812-00 County: WELD

Well Name: Bailey Well Number: 6-26-8-60

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

Footage at surface: Distance: 337 feet Direction: FSL Distance: 1319 feet Direction: FWL

As Drilled Latitude: 40.627020 As Drilled Longitude: -104.063750

GPS Data:
Date of Measurement: 10/21/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 674 feet. Direction: FSL Dist.: 1082 feet. Direction: FWL
Sec: 26 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FNL Dist.: 1088 feet. Direction: FWL
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) 08/26/2013 Date TD: 09/04/2013 Date Casing Set or D&A: 09/01/2013

Rig Release Date: 09/14/2013 Per Rule 308A.b.

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

Total Depth MD 10515 TVD** 6208 Plug Back Total Depth MD 10515 TVD** 6208

Elevations GR 4875 KB 4892 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD with 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	18	16	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,458	684	0	1,458	VISU
1ST	8+3/4	7	23	0	6,387	579	1,770	6,387	CBL
1ST LINER	6+1/8	4+1/2	11.6	5515	10,500				

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	552		NO	NO	
PARKMAN	3,649	3,886	NO	NO	
SUSSEX	4,270	4,490	NO	NO	
SHARON SPRINGS	6,080	6,196	NO	NO	
NIOBRARA	6,196	10,515	NO	NO	

Comment:

Open Hole log was not ran in this well. The COGCC Log Submittal Policy had not yet been released at the time of this completion.

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: _____ Email: regulatory@petro-fs.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400941404	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400941403	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			
400941392	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400941394	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400941396	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400941401	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)