

**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:  
400943173

Date Received:

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 05-123-36868-00 County: WELD

Well Name: Nelson Well Number: 2-17-9-60

Location: QtrQtr: SESW Section: 17 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 268 feet Direction: FSL Distance: 1615 feet Direction: FWL

As Drilled Latitude: 40.742940 As Drilled Longitude: -104.121170

GPS Data:  
Date of Measurement: 11/12/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: MARC WOODARD

\*\* If directional footage at Top of Prod. Zone Dist.: 757 feet. Direction: FSL Dist.: 706 feet. Direction: FWL  
Sec: 17 Twp: 9N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 653 feet. Direction: FNL Dist.: 663 feet. Direction: FWL  
Sec: 17 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) 03/19/2013 Date TD: 04/11/2013 Date Casing Set or D&A: 04/13/2013

Rig Release Date: 05/10/2013 Per Rule 308A.b.

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

Total Depth MD 10910 TVD\*\* 6446 Plug Back Total Depth MD 10806 TVD\*\* 6444

Elevations GR 4992 KB 5009 **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	30	16	36.9	0	60	8	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,434	557	0	1,434	VISU
1ST	8+3/4	7	26	0	6,668	573	1,430	6,668	CBL
1ST LINER	6+1/8	4+1/2	11.6	5681	10,900	321	5,813	10,900	CALC

## 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		6,487	NO	NO	TOPS NOT RECORDED IN THIS WELL
SHARON SPRINGS	6,370	6,487	NO	NO	
NIOBRARA	6,487	10,910	NO	NO	

Comment:

NO OPEN HOLE LOG WAS RAN ON THIS WELL, COGCC LOG SUBMITTAL POLICY NOT RELEASED AT THE TIME OF DRILLING THIS WELL.

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 ?	
<b>Attachment Checklist</b>			
400943229	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400943228	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"/>
<b>Other Attachments</b>			
400943217	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943223	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943224	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943240	DIRECTIONAL DATA	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)