

**DRILLING COMPLETION REPORT**

Document Number:  
400943384

Date Received:

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.

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 05-123-36865-00 County: WELD  
 Well Name: Nelson Well Number: 3-17-9-60  
 Location: QtrQtr: SESW Section: 17 Township: 9N Range: 60W Meridian: 6  
 Footage at surface: Distance: 302 feet Direction: FSL Distance: 1585 feet Direction: FWL  
 As Drilled Latitude: 40.743030 As Drilled Longitude: -104.121270

GPS Data:  
 Date of Measurement: 10/31/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 516 feet. Direction: FSL Dist.: 1310 feet. Direction: FWL  
 Sec: 17 Twp: 9N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 650 feet. Direction: FNL Dist.: 1284 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) 04/16/2013 Date TD: 04/26/2013 Date Casing Set or D&A: 04/20/2013  
 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 10715 TVD\*\* 6452 Plug Back Total Depth MD 10715 TVD\*\* 6452  
 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	1,380	557	0	1,380	VISU
1ST	8+3/4	7	23	0	6,626	571	400	6,626	CBL
1ST LINER	6+1/8	4+1/2	11.6	5807	10,700				

## 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		6,336	NO	NO	NO TOPS WERE RECORDED
SHARON SPRINGS	6,264	6,336	NO	NO	
NIOBRARA	6,336	10,715	NO	NO	

Comment:

OPEN HOLE LOG NOT RAN, 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>			
400943443	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400943445	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>			
400943417	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943420	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943423	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943451	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)