

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400957637

Date Received:

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.

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 05-123-33956-00

County: WELD

Well Name: PERGAMOS

Well Number: 2-4-44-7-60

Location: QtrQtr: SESE Section: 4 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 128 feet Direction: FSL Distance: 1322 feet Direction: FEL

As Drilled Latitude: 40.597310 As Drilled Longitude: -104.093030

GPS Data:

Date of Measurement: 08/03/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 609 feet. Direction: FNL Dist.: 656 feet. Direction: FEL

Sec: 9 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 673 feet. Direction: FSL Dist.: 632 feet. Direction: FEL

Sec: 9 Twp: 7N 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) 06/06/2012 Date TD: 06/17/2012 Date Casing Set or D&A: 06/10/2012

Rig Release Date: 06/18/2012 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 9842 TVD** 6274 Plug Back Total Depth MD 8522 TVD** 6294

Elevations GR 4910 KB 4927

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Please see Form 5 Sidetrack for MWD Log, CBL is attached.

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	6	0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,405	555	0	1,405	VISU
1ST	8+3/4	7	26	0	6,407	551	820	6,407	CBL

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	6,124	6,275	NO	NO	NO UPPER TOPS WERE RECORDED IN THIS WELL
NIOBRARA	6,275	10,750	NO	NO	

Comment:

THIS FILING IS FOR THE ORIGINAL HOLE, TARGET WAS MISSED AND WELL WAS SIDETRACK. UPPER FORMATIONS WERE NOT RECORDED IN THIS WELL. MWD LOG IS FILED WITH FORM 5 SIDETRACK. OPEN HOLE LOG NOT RAN. COGCC LOG SUBMITTAL POLICY NOT RELEASED AT THE TIME THIS WELL WAS DRILLED. WELL BORE SCHEMATIC IS ENCLOSED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Madelon RaneyTitle: Regulatory Compliance Date: _____ Email: madelon.raney@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400957659	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400957661	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"/>
<u>Other Attachments</u>					
400957655	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400957662	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400957663	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)