

FORM  
5ARev  
06/12

## State of Colorado

## Oil and Gas Conservation Commission

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



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Document Number:

401103335

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: 10439

2. Name of Operator: CARRIZO NIOBRARA LLC

3. Address: 500 DALLAS STREET #2300

City: HOUSTON

State: TX

Zip: 77002

4. Contact Name: CAROL PRUITT

Phone: (713) 328-1000

Fax: (713) 328-1060

Email: CAROL.PRUITT@CRZO.NET

5. API Number 05-123-41038-00

7. Well Name: SHULL

6. County: WELD

Well Number: 5-25-9-60

8. Location: QtrQtr: SWSE

Section: 25

Township: 9N

Range: 60W

Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA

Field Code: 16950

## Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/15/2016

End Date: 08/17/2016

Date of First Production this formation: 08/30/2016

Perforations

Top: 6451

Bottom: 11037

No. Holes:

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM W/ 148,777 BBLS FRESHWATER AND 5,279,549 LBS SAND. NO ACID OR GAS USED IN THIS TREATMENT.

This formation is commingled with another formation:

☐ Yes ☒ No

Total fluid used in treatment (bbl): 148777

Max pressure during treatment (psi): 6134

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl):

Number of staged intervals: 17

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 55047

Fresh water used in treatment (bbl): 148777

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5279549

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

## Test Information:

Date: 09/10/2016

Hours: 24

Bbl oil: 426

Mcf Gas: 197

Bbl H2O: 2163

Calculated 24 hour rate:

Bbl oil: 426

Mcf Gas: 197

Bbl H2O: 2163

GOR: 462

Test Method: 24 HR FLOWBACK

Casing PSI: 360

Tubing PSI: 0

Choke Size: 34

Gas Disposition: SOLD

Gas Type: WET

Btu Gas: 1197

API Gravity Oil: 33

Tubing Size:

Tubing Setting Depth:

Tbg setting date:

Packer Depth:

Reason for Non-Production: NO TUBING IN THIS WELL AT THIS TIME

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:

TOP OF PRODUCTION AGREES WITH FORM 5 (DOC NO 400917754)  
GAS BTU TAKEN FROM ANOTHER WELL ON SAME DRILL PAD. GAS ANALYSIS NOT AVAILABLE YET.  
NO TUBING IN THIS WELL AT TIME OF SUBMITTAL.

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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>
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**Comment Date**

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Total: 0 comment(s)