

FORM 5A

Rev 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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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 4. Contact Name: Cynthia Pinel
 2. Name of Operator: CARRIZO NIOBRARA LLC Phone: (713) 358-6210
 3. Address: 500 DALLAS STREET #2300 Fax: _____
 City: HOUSTON State: TX Zip: 77002 Email: cynthia.pinel@crzo.net

5. API Number 05-123-37245-00 6. County: WELD
 7. Well Name: Shull Well Number: 2-25-9-60
 8. Location: QtrQtr: SESE Section: 25 Township: 9N Range: 60W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/09/2013 End Date: 08/10/2013 Date of First Production this formation: 08/16/2013

Perforations Top: 6231 Bottom: 10580 No. Holes: 14 Hole size: 4 + 1/2

Provide a brief summary of the formation treatment: _____ Open Hole:

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 3,083,114 LBS OF 20/40 SAND AND 2,026,809 GAL OF FLUIDS. GAS IS USED TO HEAT THE WATER FOR THE FRACS AND IS ALWAYS PROPANE. AMOUNT UNKNOWN.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48257 Max pressure during treatment (psi): 5257

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.90

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: 14

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3083114 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/16/2013 Hours: 24 Bbl oil: 216 Mcf Gas: 0 Bbl H2O: 816

Calculated 24 hour rate: Bbl oil: 216 Mcf Gas: 0 Bbl H2O: 816 GOR: 0

Test Method: 24 HOUR FLOWBAC Casing PSI: 190 Tubing PSI: 0 Choke Size: 32

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1182 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6075 Tbg setting date: 02/12/2014 Packer Depth: _____

Reason for Non-Production: _____

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:

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

Signed: _____ Print Name: Cynthia Pinel

Title: Regulatory Comp. Analyst Date: _____ Email: cynthia.pinel@crzo.net
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400567894	CEMENT JOB SUMMARY
400567895	CEMENT JOB SUMMARY
400567896	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)