

FORM
2

Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400088908

Plugging Bond Surety
20100108

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: CARRIZO OIL & GAS INC 4. COGCC Operator Number: 10338
 5. Address: 1000 LOUISIANA STREET #1500
 City: HOUSTON State: TX Zip: 77002
 6. Contact Name: Venessa Langmacher Phone: (303)857-9999 Fax: (303)450-9200
 Email: vllpermitco@aol.com
 7. Well Name: State Well Number: 36-24-9-61
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 10230

WELL LOCATION INFORMATION

10. QtrQtr: SE SW Sec: 36 Twp: 9N Rng: 61W Meridian: 6
 Latitude: 40.700256 Longitude: -104.155995
 Footage at Surface: 700 FNL/FSL FSL 1900 FEL/FWL FWL
 11. Field Name: Wildcat Field Number: 99999
 12. Ground Elevation: 5014 13. County: WELD

14. GPS Data:

Date of Measurement: 07/08/2010 PDOP Reading: 2.4 Instrument Operator's Name: George N. Allen

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1242 FSL 1714 FWL 660 Bottom Hole: FNL/FSL 660 FWL 660
 Sec: 36 Twp: 9N Rng: 61W Sec: 36 Twp: 9N Rng: 61W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 769 ft

18. Distance to nearest property line: 700 ft 19. Distance to nearest well permitted/completed in the same formation: 3183 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara	NBRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: 8438.5

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
T9N-R61W: Section 36: ALL

25. Distance to Nearest Mineral Lease Line: 700 ft 26. Total Acres in Lease: 640

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: Evaporation and Burial

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	8+3/4	7+0/0	23	6,831	228	6,831	5,000
1ST	6+1/4	4+1/2	11.6	10,230	338	10,230	5,700

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments This well will be a sidetrack from the pilot hole.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: Venessa Langmacher

Title: Regulatory Supervisor Date: _____ Email: vllpermitco@aol.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400090672	WELL LOCATION PLAT	Plat 36-24-9-61.pdf
400090673	DRILLING PLAN	State36-24-9-61-DirectionalWellProgram.pdf

Total Attach: 2 Files