

FORM
5
Rev
02/08

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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DRILLING COMPLETION REPORT

Document Number:

400129254

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

1. OGCC Operator Number: 10338 4. Contact Name: RYAN DORNAK
2. Name of Operator: CARRIZO OIL & GAS INC Phone: (713) 358-6448
3. Address: 1000 LOUISIANA STREET #1500 Fax: (713) 328-1060
City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-32318-00 6. County: WELD
7. Well Name: State Well Number: 36-24-9-61
8. Location: QtrQtr: SESW Section: 36 Township: 9N Range: 61W Meridian: 6
Footage at surface: Distance: 700 feet Direction: FSL Distance: 1900 feet Direction: FWL
As Drilled Latitude: 40.700256 As Drilled Longitude: -104.155995

GPS Data:

Data of Measurement: 07/08/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: GEORGE N. ALLEN

** If directional footage

at Top of Prod. Zone Distance: 960 feet Direction: FSL Distance: 1812 feet Direction: FWL
Sec: 36 Twp: 9N Rng: 61W
at Bottom Hole Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL
Sec: 36 Twp: 9N Rng: 61W

9. Field Name: CHECKERBOARD 10. Field Number: 10975

11. Federal, Indian or State Lease Number: 8438.5

12. Spud Date: (when the 1st bit hit the dirt) 12/08/2010 13. Date TD: 12/20/2010 14. Date Casing Set or D&A: 12/23/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10195 TVD 6517 17 Plug Back Total Depth MD 10100 TVD 6515

18. Elevations GR 5014 KB 5030

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL

20. Casing, Liner and Cement:

CASING

| 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 | | 0 | 90 | 8 | 0 | 90 | CALC |
| SURF | 12+1/4 | 9.625 | | 0 | 1,409 | 686 | 0 | 1,411 | CALC |
| 1ST | 8+3/4 | 7 | | 0 | 6,905 | 620 | 1,934 | 6,930 | CBL |
| 1ST LINER | 6+1/8 | 4.5 | | 5904 | 10,150 | | | | |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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

Signed: _____ Print Name: RYAN DORNAK

Title: ENGINEER Date: _____ Email: ryan.dornak@crzo.net

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400129285 | OTHER |
| 400129286 | CEMENT JOB SUMMARY |
| 400129288 | DIRECTIONAL SURVEY |
| 400129289 | OTHER |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)