

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400129254

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

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)