

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:  
400129716

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) 328-1000  
3. Address: 1000 LOUISIANA STREET #1500 Fax: (713) 328-1060  
City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-32290-00 6. County: WELD  
7. Well Name: Bob White Well Number: 36-44-8-62  
8. Location: QtrQtr: SESE Section: 36 Township: 8N Range: 62W Meridian: 6  
Footage at surface: Distance: 700 feet Direction: FSL Distance: 700 feet Direction: FEL  
As Drilled Latitude: 40.612183 As Drilled Longitude: -104.261462

GPS Data:

Data of Measurement: 07/14/2010 PDOP Reading: 3.2 GPS Instrument Operator's Name: GEORGE N. ALLEN

\*\* If directional footage

at Top of Prod. Zone Distance: 1082 feet Direction: FNL Distance: 810 feet Direction: FEL  
Sec: 36 Twp: 8N Rng: 62W  
at Bottom Hole Distance: 664 feet Direction: FNL Distance: 1975 feet Direction: FEL  
Sec: 36 Twp: 8N Rng: 62W

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

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 11/14/2010 13. Date TD: 11/20/2010 14. Date Casing Set or D&A: \_\_\_\_\_

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7246 TVD 7246 17 Plug Back Total Depth MD 5600 TVD 5600

18. Elevations GR 4930 KB 4945

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:

TRIPLE COMBO

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

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	
SHARON SPRINGS	6,440	6,500	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,500	6,720	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
FORT HAYS	6,720	6,790	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comment:

THIS IS PILOT INFORMATION ONLY.

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
400129717	PDF-TRIPLE COMBINATION

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)