

FORM
5A
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



DE ET OE ES

Document Number:
400149555

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: 10338
2. Name of Operator: CARRIZO OIL & GAS INC
3. Address: 1000 LOUISIANA STREET #1500
City: HOUSTON State: TX Zip: 77002
4. Contact Name: KIMBERLY LONG
Phone: (713) 328-1000
Fax: (713) 328-1060

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
9. Field Name: CHECKERBOARD Field Code: 10975

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 03/11/2011 Date of First Production this formation: 03/18/2011
Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
FRACTURE STIMULATED THROUGH A PORT & PACKER SYSTEM WITH 4,075,076 LBS 20/40 SAND, 410,492 LBS OF 40/70 SAND, 117,481 LBS 30/50 SAND, AND 55,603 BBLs OF FLUID.
This formation is commingled with another formation: Yes No

Test Information:
Date: 04/03/2011 Hours: 12 Bbls oil: 324 Mcf Gas: 169 Bbls H2O: 207
Calculated 24 hour rate: Bbls oil: 648 Mcf Gas: 337 Bbls H2O: 413 GOR: 520
Test Method: JET PUMP Casing PSI: 404 Tubing PSI: 2758 Choke Size: 22
Gas Disposition: _____ Gas Type: _____ BTU Gas: 1499 API Gravity Oil: 39
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6200 Tbg setting date: 03/29/2011 Packer Depth: 6200
Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

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

Signed: _____ Print Name: KIMBERLY LONG

Title: COMPLIANCE SPECIALIST Date: 4/4/2011 Email kimberly.long@crzo.net
:

Attachment Check List

Att Doc Num	Name
400149555	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)