

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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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

Document Number:
400164809
Plugging Bond Surety
20100108

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: KIMBERLY LONG Phone: (713)328-1000 Fax: (713)328-1060
Email: kimberly.long@crzo.net

7. Well Name: WICKSTROM Well Number: 6-34-5-60

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 10224

WELL LOCATION INFORMATION

10. QtrQtr: SW SE Sec: 6 Twp: 5N Rng: 60W Meridian: 6
Latitude: 40.423790 Longitude: -104.132840

Footage at Surface: 240 feet FNL/FSL FSL 1496 feet FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 4543 13. County: MORGAN

14. GPS Data:

Date of Measurement: 03/29/2011 PDOP Reading: 2.6 Instrument Operator's Name: GEORGE ALLEN

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

Footage at Top of Prod Zone: FNL/FSL 789 FSL 1638 FEL 650 Bottom Hole: FNL/FSL 650 FNL 2636 FEL 650
Sec: 6 Twp: 5N Rng: 60W Sec: 6 Twp: 5N Rng: 60W

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: 560 ft

18. Distance to nearest property line: 1496 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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 #: _____

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):
T5N - R60W: SECTION 6: NW/4, E/2

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 2960

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: Land Farming Land Spreading Disposal Facility Other: LANDFARM AND EVAPOR

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
1ST	8+3/4	7	23	1400	6,185	578	6,185	1,400
2ND	6+1/8	4+1/2	11.6	5185	10,224	353	10,224	5,185

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

33. Comments NO CONDUCTOR CASING WILL BE SET. THIS APPLICATION IS FOR A SIDETRACK.

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: KIMBERLY LONG

Title: COMPLIANCE SPECIALIST Date: _____ Email: kimberly.long@crzo.net

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
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.

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Attachment Check List

Att Doc Num	Name
400164823	DEVIATED DRILLING PLAN
400164830	PLAT

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)