

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:
400188392

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: Tina Taylor
Phone: (713) 328-1000
Fax: (713) 358-6440

5. API Number 05-123-33368-00
6. County: WELD
7. Well Name: Nelson
Well Number: 17-44-9-60
8. Location: QtrQtr: SESE Section: 17 Township: 9N Range: 60W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 07/26/2011 Date of First Production this formation: 07/30/2011
Perforations Top: 8673 Bottom: 10787 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Fracture stimulated through a port and packer system with 3,419,319 sacks of 20/40 sand and 569,942 sacks 40/70 sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/10/2011 Hours: 24 Bbls oil: 474 Mcf Gas: 257 Bbls H2O: 670
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Jet Pump Casing PSI: 260 Tubing PSI: 2400 Choke Size: 40
Gas Disposition: FLARED Gas Type: BTU Gas: 1555 API Gravity Oil: 33
Tubing Size: 2.375 Tubing Setting Depth: 6115 Tbg setting date: 08/04/2011 Packer Depth: 6115
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: Tina Taylor
Title: Regulatory Compliance Date: Email: tina.taylor@crzo.net

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400194872	OTHER
400194873	CEMENT JOB SUMMARY
400194874	CEMENT JOB SUMMARY
400194875	OPERATIONS SUMMARY
400194882	OTHER

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)