

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



DE ET OE ES

Document Number:
400207409

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
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 05-087-08161-00
6. County: MORGAN
7. Well Name: Wickstrom Well Number: 5-44-5-60
8. Location: QtrQtr: SESE Section: 5 Township: 5N Range: 60W Meridian: 6
Footage at surface: Distance: 275 feet Direction: FSL Distance: 256 feet Direction: FEL
As Drilled Latitude: 40.423350 As Drilled Longitude: -104.109150

GPS Data:
Data of Measurement: 02/14/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: George Allen

** If directional footage
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:
at Bottom Hole Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/07/2011 13. Date TD: 08/17/2011 14. Date Casing Set or D&A: 08/20/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6461 TVD 17 Plug Back Total Depth MD 5076 TVD

18. Elevations GR 4543 KB 4559
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:

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
SURF	12+1/4	9+5/8	36	0	1,421	544	0	1,421	CALC
OPEN HOLE	8+3/4			5082	6,344	498			CALC

ADDITIONAL CEMENT

Cement work date: 08/04/2011
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	5,630	5,643	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,724	5,788	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,996		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Plug 1 5676' - 6519' with 8 3/4" open hole PDSqT = 177 degree F PDST = 210.38 degree F
 Plug 2 5076' - 5576' with 8 3/4" open hole PDSqT = 161 degree F PDST = 191.52 degree F

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 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
400207410	LAS-TRIPLE COMBINATION
400207412	OTHER
400207415	DIRECTIONAL SURVEY
400207416	LAS-FORMATION MICRO SCAN
400207417	LAS-ELECTRONIC

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)