

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



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Document Number:  
400244673

## 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: 500 DALLAS STREET #2300  
City: HOUSTON State: TX Zip: 77002  
4. Contact Name: Tina Taylor  
Phone: (713) 328-1000  
Fax: (713) 328-1060

5. API Number 05-123-34387-00  
6. County: WELD  
7. Well Name: Barracuda Well Number: 20-14-7-60  
8. Location: QtrQtr: SWSW Section: 20 Township: 7N Range: 60W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 01/01/2012

Perforations Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Fracture Stimulated through a port and packer system with 2,689,009 lbs of 20/40 sand, 240,563 lbs of 40/70 sand, 499,030 lbs of 20/40 RC sand & 55,340 bbls of fluid.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 01/06/2012 Hours: 24 Bbls oil: 300 Mcf Gas: 211 Bbls H2O: 1305

Calculated 24 hour rate: Bbls oil: 300 Mcf Gas: 211 Bbls H2O: 1305 GOR: \_\_\_\_\_

Test Method: Jet Pump Casing PSI: 300 Tubing PSI: 3150 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1496 API Gravity Oil: 36

Tubing Size: 2 + 3/4 Tubing Setting Depth: 5777 Tbg setting date: 12/03/2011 Packer Depth: 5777

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               |
|-------------|--------------------|
| 400245153   | CEMENT JOB SUMMARY |
| 400245154   | CEMENT JOB SUMMARY |
| 400245157   | CEMENT JOB SUMMARY |
| 400245158   | OTHER              |

Total Attach: 4 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)