

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



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Document Number:
400263632

Date Received:

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: 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 05-123-33946-00
6. County: WELD
7. Well Name: Rothe Well Number: 12-14-8-61
8. Location: QtrQtr: SW SW Section: 12 Township: 8N Range: 61W Meridian: 6
Footage at surface: Distance: 245 feet Direction: FSL Distance: 245 feet Direction: FWL
As Drilled Latitude: 40.670086 As Drilled Longitude: -104.161836

GPS Data:
Date of Measurement: 08/17/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Loren Shanks

** If directional footage at Top of Prod. Zone Dist.: 650 feet. Direction: FSL Dist.: 650 feet. Direction: FWL
Sec: 12 Twp: 8N Rng: 61W
** If directional footage at Bottom Hole Dist.: 650 feet. Direction: FNL Dist.: 650 feet. Direction: FWL
Sec: 12 Twp: 8N Rng: 61W

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) 01/14/2012 13. Date TD: 01/28/2012 14. Date Casing Set or D&A: 01/30/2012

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

16. Total Depth MD 10638 TVD** 6467 17 Plug Back Total Depth MD 6546 TVD** 6415

18. Elevations GR 4981 KB 17
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:
GR, Resistivity

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
CONDUCTOR	24	16+0/0		0	60	6	0	60	CALC
SURF	12+1/4	9+5/8	36	0	1,424	400	60	1,424	CALC
1ST	8+3/4	7	26	0	6,650	580	1,424	6,650	CBL
1ST LINER	6	4+1/2		5777	10,638				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	6,220	6,398	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,398		<input type="checkbox"/>	<input type="checkbox"/>	

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263661	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400263652	IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263654	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263663	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263723	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263728	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)