

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:  
400313441

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 05-123-35424-00  
6. County: WELD  
7. Well Name: Pergamos Well Number: 8-41-7-60  
8. Location: QtrQtr: NENE Section: 8 Township: 7N Range: 60W Meridian: 6  
Footage at surface: Distance: 265 feet Direction: FNL Distance: 576 feet Direction: FEL  
As Drilled Latitude: 40.596240 As Drilled Longitude: -104.109520

GPS Data:  
Date of Measurement: 05/13/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Shane Nelson

\*\* If directional footage at Top of Prod. Zone Dist.: 726 feet. Direction: FNL Dist.: 1046 feet. Direction: FEL  
Sec: 8 Twp: 7N Rng: 60W  
\*\* If directional footage at Bottom Hole Dist.: 265 feet. Direction: FNL Dist.: 576 feet. Direction: FEL  
Sec: 8 Twp: 7N Rng: 60W

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) 05/12/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&A: 05/24/2012

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

16. Total Depth MD 11845 TVD\*\* 6333 17 Plug Back Total Depth MD 6521 TVD\*\* 6266

18. Elevations GR 4870 KB 4887  
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:  
Triple Combo, Gamma Ray, CBL

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	16	15+1/4	84	0	60	6	0	60	CALC
SURF	12+1/4	9+5/8	36	0	1,407	555	0	1,407	CALC
1ST	8+3/4	7	23	0	6,332	542	5,637	6,332	CALC
1ST LINER	6+1/8	5+1/2	11.6	5637	11,830				CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 05/13/2012

Method used	String	Cementing tool setting/perf 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	6,065	6,174	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,174		<input type="checkbox"/>	<input checked="" 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 ?	
<b><u>Attachment Checklist</u></b>			
400314438	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400313504	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400313497	IND-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400313498	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400313501	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400313502	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400313506	DIRECTIONAL DATA	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)