

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



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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	4. Contact Name: Tina Taylor
2. Name of Operator: CARRIZO OIL & GAS INC	Phone: (713) 328-1000
3. Address: 500 DALLAS STREET #2300	Fax: (713) 328-1060
City: HOUSTON State: TX Zip: 77002	

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:

Data 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
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15. Well Classification:
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation

16. Total Depth MD 11845 TVD** 6333	17 Plug Back Total Depth MD 6521 TVD** 6266
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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.
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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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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

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Total: 0 comment(s)