

FORM
5A

Rev
06/12

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:

400246674

Date Received:

02/01/2012

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 05-123-33955-00
6. County: WELD
7. Well Name: Pergamos
Well Number: 3-44-7-60
8. Location: QtrQtr: SESE Section: 3 Township: 7N Range: 60W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 01/09/2012
Perforations Top: 6580 Bottom: 10547 No. Holes: Hole size: 4 + 1/2
Provide a brief summary of the formation treatment: Open Hole: ☒
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/26/2012 Hours: 24 Bbl oil: 240 Mcf Gas: 120 Bbl H2O: 745
Calculated 24 hour rate: Bbl oil: 240 Mcf Gas: 120 Bbl H2O: 745 GOR: 500
Test Method: Jet Pump Casing PSI: 225 Tubing PSI: 250 Choke Size:
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1512 API Gravity Oil: 35
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6210 Tbg setting date: 12/31/2011 Packer Depth: 6210
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: 2/1/2012 Email tina.taylor@crzo.net
:

Attachment Check List

Att Doc Num	Name
400246674	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Input GOR based on test data.	9/25/2012 10:07:26 AM
Permit	Waiting on cement ticket and logs	2/17/2012 2:08:44 PM

Total: 2 comment(s)