

FORM
2

Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

400334043

Date Received:

10/08/2012

PluggingBond SuretyID

20100108

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE COMMINGLE

Refiling

Sidetrack

3. Name of Operator: CARRIZO OIL & GAS INC

4. COGCC Operator Number: 10338

5. Address: 500 DALLAS STREET #2300

City: HOUSTON State: TX Zip: 77002

6. Contact Name: Tina Taylor Phone: (713)328-1000 Fax: (713)328-1060

Email: tina.taylor@crzo.net

7. Well Name: Pergamos Well Number: 4-3-7-60

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 10616

WELL LOCATION INFORMATION

10. QtrQtr: Lot 3 Sec: 3 Twp: 7N Rng: 60W Meridian: 6

Latitude: 40.610800 Longitude: -104.083210

Footage at Surface: 254 feet FNL 1336 feet FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4921.6 13. County: WELD

14. GPS Data:

Date of Measurement: 03/19/2012 PDOP Reading: 1.8 Instrument Operator's Name: Marc Woodard

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: 650 FNL 2002 FWL Bottom Hole: 650 FSL 2004 FWL
Sec: 3 Twp: 7N Rng: 60W Sec: 3 Twp: 7N Rng: 60W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 280 ft

18. Distance to nearest property line: 254 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 677 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara	NBRR	535-41	640	All

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20100170

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

Township 7 North, Range 60 West of the 6th P.M.: Section 3: N1/2, SW1/4, & SE1/4 Section 4: E1/2

25. Distance to Nearest Mineral Lease Line: 254 ft 26. Total Acres in Lease: 960

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	9+5/8	36	0	1,400	534	1,400	0
1ST	8+3/4	7	23	0	6,449	575	6,449	1,400
1ST LINER	6+1/4	4+1/2	11.6	5733	10,616			

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments No conductor will be set. Down Spacing Hearing will be on November 15, 2012. Swell Packer will be set across 600' from section line to keep wellbore from 7" casing shoe to swell packer unproduced.

34. Location ID: 429096

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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: 10/8/2012 Email: tina.taylor@crzo.net

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400334043	FORM 2 SUBMITTED
400334257	WELL LOCATION PLAT
400334258	DEVIATED DRILLING PLAN
400334264	DIRECTIONAL DATA

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>
Material Handling and Spill Prevention	Operator will ensure 110 percent secondary containment for any volume of fluids contained at the well site during drilling and completion. Operator will implement best management practices to contain any unintentional release of fluids.
Storm Water/Erosion Control	Operator has designed the well pad with insloping and a storm water control ditch to prevent storm water run-on/runoff and the release of fluids from the location. See attached Construction Layout Drawing.
Construction	The location will be fenced.

Total: 3 comment(s)