

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:

400365141

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 05-123-34404-00

6. County: WELD

7. Well Name: HEMBERGER

Well Number: 2-25-34-8-60

8. Location: QtrQtr: SESE Section: 25 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 303 feet Direction: FSL Distance: 1638 feet Direction: FEL

As Drilled Latitude: 40.627040 As Drilled Longitude: -104.036190

GPS Data:

Data of Measurement: 12/19/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 1003 feet. Direction: FSL Dist.: 793 feet. Direction: FEL

Sec: 25 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 661 feet. Direction: FNL Dist.: 670 feet. Direction: FEL

Sec: 25 Twp: 8N Rng: 60W

9. Field Name: BUCKINGHAM WEST

10. Field Number: 7572

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/12/2012 13. Date TD: 08/23/2012 14. Date Casing Set or D&A: 08/27/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10618 TVD** 6221 17 Plug Back Total Depth MD 10585 TVD** 6220

18. Elevations GR 4930 KB 4947

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, 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	65	0	70	7		80	
SURF	12+1/4	9+5/8	36	0	1,415	555	70	1,415	
1ST	8+3/4	7	23	0	6,201	533	1,415	6,201	
1ST LINER	6+1/8	4+1/2	12	6966	10,618				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/23/2012

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

Details of work:

Swell Packer is @ 6966' Top 6980' Bottom

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	6,050	6,166	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,166		<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>					
400366836	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400366835	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>					
400366831	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366832	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366833	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366834	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366838	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)