

**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:

400381592

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 &amp; 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 05-123-34100-00

6. County: WELD

7. Well Name: SLICK ROCK

Well Number: 19-14-7-60 OH

8. Location: QtrQtr: Lot 4 Section: 19 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 17 feet Direction: FSL Distance: 1243 feet Direction: FWL

As Drilled Latitude: 40.553410 As Drilled Longitude: -104.142450

## GPS Data:

Date of Measurement: 07/09/2012 PDOP Reading: 4.1 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 2473 feet. Direction: FSL Dist.: 1211 feet. Direction: FWL

Sec: 19 Twp: 7N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 2473 feet. Direction: FSL Dist.: 1211 feet. Direction: FWL

Sec: 19 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) 02/27/2012 13. Date TD: 03/12/2012 14. Date Casing Set or D&amp;A: 03/14/2012

## 15. Well Classification:

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

16. Total Depth MD 8688 TVD\*\* 6478 17 Plug Back Total Depth MD 8688 TVD\*\* 6478

18. Elevations GR 5021 KB 5039

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	60	6	0	60	
SURF	9+5/8	8+3/4	36	0	1,408	400	0	1,408	
OPEN HOLE	8+3/4	7	23	5762	8,688				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 03/01/2012

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	6,216	6,423	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,423		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Withdrew doc 400291858 for original completion sent in on 7/2/12. Swell Packer was set across 600' from section line to keep wellbore from 7" casing shoe to Swell Packer unproduced.

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>					
400381795	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400381797	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>					
400381791	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400382059	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400387398	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)