

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:

400313441

Date Received:

08/09/2012

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.: 606 feet. Direction: FNL Dist.: 914 feet. Direction: FEL
Sec: 8 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 914 feet. Direction: FNL Dist.: 678 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

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11845 TVD** 6333 17 Plug Back Total Depth MD 11830 TVD** 6332

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.

19. List Electric Logs Run:
Triple Combo, Gamma Ray, CBL

20. Casing, Liner and Cement:

CASING

(Empty area for casing details)

| 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 | 3,150 | 6,332 | CBL |
| 1ST LINER | 6+1/8 | 5+1/2 | 11.6 | 5637 | 11,845 | | | | |

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: 8/9/2012 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> | | | |
| 400313441 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 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 |
|-------------------|--|--------------------------|
| Permit | Per operator corrected top of liner and Swell packer is set at 6704' to isolate production. | 3/20/2013 10:19:08 AM |
| Permit | Changed production footages, plug back depth, and liner depth per operator. | 9/25/2012 8:24:37 AM |
| Permit | On Hold. Using operators SHL w/ the exact same lat long as was planned. Distance FNL at 7" is 265FNL + 217.77' S = 482.77FNL. Hardlines are at 600'. Northing distance used to calculate FNL was 6347'MD 7" set at 6332' | 9/25/2012 8:22:07 AM |

Total: 3 comment(s)