

FORM
5Rev
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:

400408537

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 05-123-36256-01

6. County: WELD

7. Well Name: Nelson

Well Number: 1-20-9-60

8. Location: QtrQtr: SESE Section: 17 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FSL Distance: 273 feet Direction: FEL

As Drilled Latitude: 40.743020 As Drilled Longitude: -104.108220

GPS Data:

Data of Measurement: 01/07/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 208 feet. Direction: FNL Dist.: 707 feet. Direction: FEL

Sec: 20 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FSL Dist.: 665 feet. Direction: FEL

Sec: 20 Twp: 9N 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) 11/20/2012 13. Date TD: 12/01/2012 14. Date Casing Set or D&A: 12/02/2012

15. Well Classification:

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

16. Total Depth MD 10765 TVD** 6431 17 Plug Back Total Depth MD 10750 TVD** 6431

18. Elevations GR 5007 KB 5024

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:

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	77	7	0	77	CALC
SURF	12+1/4	9+5/8	36	0	1,418	555	77	1,418	CALC
1ST	8+3/4	7	23	0	6,475	551	1,418	6,475	CBL
1ST LINER	6+1/8	4+1/2	12	5924	10,765				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/24/2012

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	6,271	6,358	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,358		<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 TaylorTitle: Regulatory Compliance Date: _____ Email: tina.taylor@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400408553	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400408576	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>					
400408546	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400408547	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400408548	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400408549	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400408550	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400408578	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)