

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:

400451614

Date Received:

07/22/2013

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
2. Name of Operator: CARRIZO OIL & GAS INC
3. Address: 500 DALLAS STREET #2300
City: HOUSTON State: TX Zip: 77002
4. Contact Name: Tina Taylor
Phone: (713) 328-1000
Fax: (713) 328-1060

5. API Number 05-123-36331-00
6. County: WELD
7. Well Name: Bringelson Well Number: 3-33-9-58
8. Location: QtrQtr: NENW Section: 33 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 210 feet Direction: FNL Distance: 2354 feet Direction: FWL
As Drilled Latitude: 40.714240 As Drilled Longitude: -103.869950

GPS Data:
Date of Measurement: 07/22/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 679 feet. Direction: FNL Dist.: 2077 feet. Direction: FEL
Sec: 33 Twp: 9N Rng: 58W
** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FSL Dist.: 2132 feet. Direction: FEL
Sec: 33 Twp: 9N Rng: 58W

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) 02/05/2013 13. Date TD: 02/16/2013 14. Date Casing Set or D&A: 02/18/2013

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

16. Total Depth MD 10214 TVD** 5805 17 Plug Back Total Depth MD 10214 TVD** 5805

18. Elevations GR 4842 KB 4859
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	77	7	0	77	
SURF	12+1/4	9+5/8	36	0	1,445	541	0	1,445	
1ST	8+3/4	7	23	0	5,960	501	0	5,960	
1ST LINER	6+1/4	4+1/2	11.6	5156	10,214				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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	5,722	5,829	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,829		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Swell Packer set @ 6209' Top 6224' Bottom

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: 7/22/2013 Email: tina.taylor@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400451880	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400451879	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>			
1897810	packer table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1897811	as drilled map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451706	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451708	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451728	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451731	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451732	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451900	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Statement is present. Operator provided 2 diagrams. Assigned doc #'s 1897810 and 1897811. - JDS	9/9/2013 11:19:05 AM
Engineer	portion from shoe to producing interval is in Nio - explicit statement of packer location? - DB	9/7/2013 12:15:21 PM
Permit	Off Hold. Corrected elevation per operator.	8/22/2013 10:50:52 AM
Permit	On Hold. Requested corrected elevation.	8/21/2013 1:01:10 PM

Total: 4 comment(s)