

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:  
400449830

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: Cynthia Pinel  
Phone: (713) 358-6210  
Fax: (713) 328-1060

5. API Number 05-123-36332-00  
6. County: WELD  
7. Well Name: Bringelson Well Number: 2-33-9-58  
8. Location: QtrQtr: NENW Section: 33 Township: 9N Range: 58W Meridian: 6  
Footage at surface: Distance: 225 feet Direction: FNL Distance: 2354 feet Direction: FWL  
As Drilled Latitude: 40.714200 As Drilled Longitude: -103.869940

GPS Data:  
Date of Measurement: 07/01/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 657 feet. Direction: FNL Dist.: 2542 feet. Direction: FWL  
Sec: 33 Twp: 9N Rng: 58W  
\*\* If directional footage at Bottom Hole Dist.: 651 feet. Direction: FSL Dist.: 2498 feet. Direction: FWL  
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) 01/23/2013 13. Date TD: 02/01/2013 14. Date Casing Set or D&A: 02/03/2013

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

16. Total Depth MD 10153 TVD\*\* 5813 17 Plug Back Total Depth MD 10153 TVD\*\* 5813

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	1,428	541	0	1,428	VISU
1ST	8+3/4	7	23	0	5,853	504	0	5,853	VISU
1ST LINER	6+1/4	4+1/2	11.6	5168	10,143				

**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	5,658	5,753	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,753		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Swell Packer set @ 6131' Top 6145' 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 ?	
<b><u>Attachment Checklist</u></b>			
400449989	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400449988	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"/>
<b><u>Other Attachments</u></b>			
2234054	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400449830	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400449983	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400449985	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400449986	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400449987	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400450001	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400451539	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Changed following Casing data per cement tickets: surf strg depth from 1438' to 1428', first strg depth and BOC from 5875' to 5853', 1st liner depth from 10153' to 10143'. TOC surf strg and first strg status is visu. CBL on first strg TOC=350'.	10/3/2013 10:12:02 AM
Permit	Off Hold. Per operator attached as built plat and input comment regarding swell packer.	9/10/2013 8:10:10 AM
Permit	On Hold. Requested information on TOP.	8/21/2013 12:22:14 PM

Total: 3 comment(s)