

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10338 4. Contact Name: CAROL PRUITT
2. Name of Operator: CARRIZO OIL & GAS INC Phone: (713) 328-1000
3. Address: 500 DALLAS STREET #2300 City: HOUSTON State: TX Zip: 77002 Fax: (713) 328-1060 Email: CAROL.PRUITT@CRZO.NET

5. API Number 05-123-07183-00 6. County: WELD
7. Well Name: Sohio State Well Number: 1
8. Location: QtrQtr: NESW Section: 36 Township: 9N Range: 61W Meridian: 6
9. Field Name: SHIVAREE Field Code: 77452

Completed Interval

FORMATION: NIOBRARA Status: N/A Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6434 Bottom: 6544 No. Holes: 240 Hole size: 3 + 3/8
Provide a brief summary of the formation treatment: Open Hole: [X]
This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: THIS WELL WAS PERFORATED AND PRESSURE TESTED AS A MONITOR WELL. THIS WELL HAS NEVER PRODUCED AND WILL NOT BE PUT INTO PRODUCTION AT ANY TIME.

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CAROL PRUITT

Title: REGULATORY COMPLIANCE Date: _____ Email: CAROL.PRUITT@CRZO.NET
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)