

FORM

2

Rev 12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400088223

Plugging Bond Surety

20100108

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: CARRIZO OIL & GAS INC 4. COGCC Operator Number: 10338

5. Address: 1000 LOUISIANA STREET #1500
City: HOUSTON State: TX Zip: 77002

6. Contact Name: Venessa Langmacher Phone: (303)857-9999 Fax: (303)450-9200
Email: vllpermitco@aol.com

7. Well Name: Bob White Well Number: 36-44-8-62

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 10608

WELL LOCATION INFORMATION

10. QtrQtr: SE SE Sec: 36 Twp: 8N Rng: 62W Meridian: 6

Latitude: 40.612183 Longitude: -104.261462

Footage at Surface: 700 FNL/FSL FSL 700 FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4930 13. County: WELD

14. GPS Data:

Date of Measurement: 07/14/2010 PDOP Reading: 3.2 Instrument Operator's Name: George N. Allen

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1246 FSL 875 FEL 660 Bottom Hole: FNL/FSL 1970 FEL 660
Sec: 36 Twp: 8N Rng: 62W Sec: 36 Twp: 8N Rng: 62W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 700 ft

18. Distance to nearest property line: 700 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara	NBRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20100170

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
T8N-R62W: Sec. 36: All

25. Distance to Nearest Mineral Lease Line: 700 ft 26. Total Acres in Lease: 640

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: Evaporation and Burial

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	8+3/4	7+0/0	23	6,967	244	6,967	5,000
1ST	6+1/4	4+1/2	11.6	10,608	358	10,608	5,800

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments The distance to the nearest well completed in the same formation is greater than one mile from this location. This well will be a sidetrack from the pilot hole.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment? Yes No

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

Signed: _____ Print Name: Venessa Langmacher

Title: Regulatory Supervisor Date: _____ Email: vllpermitco@aol.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY: _____	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400090866	WELL LOCATION PLAT	Well Location MapBobWhite36-44-8-62Plat.pdf
400090867	DRILLING PLAN	BobWhite-DirectionalWellProgram.pdf

Total Attach: 2 Files