

FORM 5A

Rev 02/08

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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COMPLETED INTERVAL REPORT

Document Number:

400122515

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
2. Name of Operator: CARRIZO OIL & GAS INC
3. Address: 1000 LOUISIANA STREET #1500
City: HOUSTON State: TX Zip: 77002
4. Contact Name: FRED MILLER
Phone: (713) 358-6208
Fax: (713) 328-1000

5. API Number 05-123-31642-00
6. County: WELD
7. Well Name: STATE Well Number: 16-11-9-60H
8. Location: QtrQtr: NWNW Section: 16 Township: 9N Range: 60W Meridian: 6
9. Field Name: CHECKERBOARD Field Code: 10975

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 12/01/2010 Date of First Production this formation:
Perforations Top: Bottom: No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
Fracture stimulated through a port and packer system with 3,374,500 lbs of 20,140 sand and 510,000 lbs of 40/70 sand with 71,161 bbls of fluid.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 01/03/2011 Hours: 10 Bbls oil: 274 Mcf Gas: 168 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 602 Mcf Gas: 370 Bbls H2O: 0 GOR: 615
Test Method: JET PUMP Casing PSI: 270 Tubing PSI: Choke Size: 48
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: 2.38 Tubing Setting Depth: 5468 Tbg setting date: 12/16/2010 Packer Depth: 5474
Reason for Non-Production:
Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

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

Signed: Print Name: FRED MILLER
Title: PRODUCTION ENGINEER Date: Email fred.miller@crzo.net

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)