

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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Document Number:

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

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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/01/2010</u>	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/03/2011</u> Hours: <u>10</u> Bbls oil: <u>274</u> Mcf Gas: <u>168</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>602</u> Mcf Gas: <u>370</u> Bbls H2O: <u>0</u> GOR: <u>615</u>	
Test Method: <u>JET PUMP</u> Casing PSI: <u>270</u> Tubing PSI: _____ Choke Size: <u>48</u>	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2.38</u> Tubing Setting Depth: <u>5468</u> Tbg setting date: <u>12/16/2010</u> Packer Depth: <u>5474</u>	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)