

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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APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER Pilot Hole
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
400138632
Plugging Bond Surety
20100108

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)8579999 Fax: (303)4509200
Email: vllpermitco@aol.com

7. Well Name: Speaker Well Number: 27-34-8-61

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

9. Proposed Total Measured Depth: 7329

WELL LOCATION INFORMATION

10. QtrQtr: SW SE Sec: 27 Twp: 8N Rng: 61W Meridian: 6

Latitude: 40.626200 Longitude: -104.187530

Footage at Surface: 240 feet ^{FNL/FSL} FSL 1349 feet ^{FEL/FWL} FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5025 13. County: WELD

14. GPS Data:

Date of Measurement: 02/16/2011 PDOP Reading: 2.4 Instrument Operator's Name: David Murrey

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

Footage at Top of Prod Zone: ^{FNL/FSL} _____ ^{FEL/FWL} _____ Bottom Hole: ^{FNL/FSL} _____ ^{FEL/FWL} _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 750 ft

18. Distance to nearest property line: 240 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.)
Dakota Jsnd	DKJ			
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 - R61W: Section 27: All, Section 28: E/2, Section 35: N/2 NW, SW NW, NW SW

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 1120

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: Land Farming Land Spreading Disposal Facility Other: Landfarm Burial/Evaporation

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	9+5/8	36	0	1,400	534	1,400	0

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

33. Comments This well will be plugged back after reaching TD of 7329' and then sidetracked under APD for 27-34-8-61H. Top of cement will be 5733 for the plugback, using 909sx of cement. No conductor casing will be set.

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.

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Attachment Check List

Att Doc Num	Name
400139136	PLAT

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)