

**FORM**  
**5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400141466

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10338

4. Contact Name: KIMBERLY LONG

2. Name of Operator: CARRIZO OIL &amp; GAS INC

Phone: (713) 328-1000

3. Address: 1000 LOUISIANA STREET #1500

Fax: (713) 328-1060

City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-07183-00

6. County: WELD

7. Well Name: Sohio State

Well Number: 1

8. Location: QtrQtr: NE SW Section: 36 Township: 9N Range: 61W Meridian: 6

Footage at surface: Distance: 1947 feet Direction: FSL Distance: 1937 feet Direction: FWL

As Drilled Latitude: 40.703680 As Drilled Longitude: -104.155860

## GPS Data:

Data of Measurement: 12/20/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: GEORGE ALLEN

\*\* If directional footage at Top of Prod. Zone Dist.: 6324 feet. Direction: FSL Dist.: 79 feet. Direction: FEL

Sec: 36 Twp: 9N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 165 feet. Direction: FSL Dist.: 80 feet. Direction: FEL

Sec: 36 Twp: 9N Rng: 61W

9. Field Name: SHIVAREE

10. Field Number: 77452

11. Federal, Indian or State Lease Number: 8438.5

12. Spud Date: (when the 1st bit hit the dirt) 02/18/2011 13. Date TD: 02/28/2011 14. Date Casing Set or D&amp;A: 03/02/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☒ Observation

16. Total Depth MD 6591 TVD\*\* 6585 17 Plug Back Total Depth MD 6555 TVD\*\* 6549

18. Elevations GR 4999 KB 5004

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	10+3/4	8.62	24	0	5,488	170	0	162	CBL
1ST	6+3/4	5.5	15.5	0	6,591	225	0	6,591	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,324	6,586	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
FORT HAYS	6,586	6,591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: KIMBERLY LONG

Title: COMPLIANCE SPECIALIST Date: \_\_\_\_\_ Email: kimberly.long@crzo.net

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400141470	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400141472	PDF-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)