

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 \_\_\_\_\_  
SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refiling   
Sidetrack

Document Number:  
400161736  
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: KIMBERLY LONG Phone: (713)328-1072 Fax: (713)328-1060  
Email: kimberly.long@crzo.net

7. Well Name: ORLANDO HILL Well Number: 26-44-8-61

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 10189

WELL LOCATION INFORMATION

10. QtrQtr: SE SE Sec: 26 Twp: 8N Rng: 61W Meridian: 6  
Latitude: 40.627710 Longitude: -104.167140

Footage at Surface: 724 feet FSL 970 feet FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 4982 13. County: WELD

14. GPS Data:

Date of Measurement: 05/04/2011 PDOP Reading: 1.8 Instrument Operator's Name: GEORGE ALLEN

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

Footage at Top of Prod Zone: FNL/FSL FSL FEL Bottom Hole: FNL/FSL FEL/FWL  
1283 FSL 1111 FEL 660 FNL 1954 FEL  
Sec: 26 Twp: 8N Rng: 61W Sec: 26 Twp: 8N Rng: 61W

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: 3976 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	535-1	640	ALL

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#: \_\_\_\_\_

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):  
 T7N-60W: SEC 21: E/2 SE, SE NE SEC 22: SW, SW NW T7N-R61W: SEC 14: NE T8N-R61W: SEC 25: NW SEC 26: ALL T8N-R60W: SEC 30:NW

25. Distance to Nearest Mineral Lease Line: 700 ft 26. Total Acres in Lease: 1440

**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: EVAPORATION & 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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	8+3/4	7	23	0	6,756	646	6,756	1,400
1ST	6+1/4	4+1/2	11.6	0	10,189	329	10,189	

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

33. Comments CONDUCTOR CASING WILL NOT BE USED. THIS WELL WILL BE A SIDETRACK (LATERAL) FROM THE PILOT HOLE.

34. Location ID: 419688

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: KIMBERLY LONG

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

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: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**API NUMBER**  
05 123 32317 01

**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
400162569	WELL LOCATION PLAT
400162570	DRILLING PLAN

Total Attach: 2 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)