

FORM  
5Rev  
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:

400207184

## 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

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

3. Address: 1000 LOUISIANA STREET #1500

City: HOUSTON State: TX Zip: 77002

4. Contact Name: Tina Taylor

Phone: (713) 328-1000

Fax: (713) 358-6440

5. API Number 05-087-08159-00

6. County: MORGAN

7. Well Name: Wickstrom

Well Number: 7-11-5-60

8. Location: QtrQtr: LOT 1 Section: 7 Township: 5N Range: 60W Meridian: 6

Footage at surface: Distance: 345 feet Direction: FNL Distance: 650 feet Direction: FWL

As Drilled Latitude: 40.422450 As Drilled Longitude: -104.144270

GPS Data:

Data of Measurement: 02/15/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: George Allen

\*\* If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/02/2011 13. Date TD: 07/24/2011 14. Date Casing Set or D&amp;A: 07/28/2011

15. Well Classification:

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

16. Total Depth MD 6570 TVD 17 Plug Back Total Depth MD 5243 TVD

18. Elevations GR 4591 KB 4607

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:

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	12+1/4	9+5/8	36	0	1,414	298	0	1,400	CALC
OPEN HOLE	8+3/4			4957	6,347				CALC

## 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	
SHARON SPRINGS	5,744	5,765	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,938	5,910	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,116		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Plug 1 5743' - 6687' with 8 3/4" open hole PDSqT = 179 degree F PDST = 213.3 degree F  
 Plug 2 5243' - 5743' with 8 3/4" open hole PDSqT = 164 degree F PDST = 194.86 degree F

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

Signed: \_\_\_\_\_ Print Name: Tina Taylor

Title: Regulatory Compliance Date: \_\_\_\_\_ Email: tina.taylor@crzo.net

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

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name
400207212	LAS-COMBINATION OPEN HOLE
400207213	LAS-TRIPLE COMBINATION
400207214	DIRECTIONAL SURVEY
400207215	OTHER

Total Attach: 4 Files

### **General Comments**

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

Total: 0 comment(s)