

FORM
5

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:
400207398

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 & 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 05-087-08159-01
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: 918 feet Direction: FNL Distance: 653 feet Direction: FWL
Sec: 7 Twp: 5N Rng: 60W
at Bottom Hole Distance: 650 feet Direction: FSL Distance: 650 feet Direction: FWL
Sec: 7 Twp: 5N Rng: 60W

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&A: 07/28/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9665 TVD 5959 17 Plug Back Total Depth MD 9545 TVD 5959

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:

CBL, FMI, Tcombo

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
CONDUCTOR	16	16	65	0	51	6	0	51	CALC
SURF	12+1/4	9+5/8	36	0	1,414	595	0	1,414	CALC
1ST	8+3/4	7	23	0	6,347	551	0	6,347	CBL
1ST LINER	6+1/8	4+1/2	14	9645	9,661				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	
SHARON SPRINGS	5,744	5,765	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,839	5,910	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,116		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

5743' - 6687' with 8 3/4 inch open hole PDSqT = 179 degree F PDST = 213.3 degree F
5243' - 5743' with 8 3/4 inch 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
400207399	LAS-FORMATION MICRO SCAN
400207814	LAS-TRIPLE COMBINATION
400207816	OTHER
400207817	DIRECTIONAL SURVEY
400207818	WELL LOCATION PLAT

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)