

FORM 5A

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: 400207108

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10338 4. Contact Name: Tina Taylor
 2. Name of Operator: CARRIZO OIL & GAS INC Phone: (713) 328-1000
 3. Address: 1000 LOUISIANA STREET #1500 Fax: (713) 358-6440
 City: HOUSTON State: TX Zip: 77002

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
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: WAITING ON COMPLETION

Treatment Date: 09/12/2011 Date of First Production this formation: 09/29/2011

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 4,829,962 LBS OF 20/40 SAND, 540,125 LBS OF 40/70 SAND, 360,000 20/40 RC sand & 72,985 BBLs OF FLUID.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/29/2011 Hours: 24 Bbls oil: 504 Mcf Gas: 346 Bbls H2O: 1008

Calculated 24 hour rate: Bbls oil: 504 Mcf Gas: 346 Bbls H2O: 1008 GOR: 1

Test Method: Jet Pump Casing PSI: _____ Tubing PSI: _____ Choke Size: 40

Gas Disposition: FLARED Gas Type: WET BTU Gas: 1515 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5700 Tbg setting date: 09/27/2011 Packer Depth: 5700

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400214485	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)