

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: <u>NIOBRARA</u>	Status: <u>WAITING ON COMPLETION</u>
Treatment Date: <u>09/12/2011</u>	Date of First Production this formation: <u>09/29/2011</u>
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/29/2011</u> Hours: <u>24</u> Bbls oil: <u>504</u> Mcf Gas: <u>346</u> Bbls H2O: <u>1008</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>504</u> Mcf Gas: <u>346</u> Bbls H2O: <u>1008</u> GOR: <u>1</u>	
Test Method: <u>Jet Pump</u> Casing PSI: _____ Tubing PSI: _____ Choke Size: <u>40</u>	
Gas Disposition: <u>FLARED</u> Gas Type: <u>WET</u> BTU Gas: <u>1515</u> API Gravity Oil: <u>34</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5700</u> Tbg setting date: <u>09/27/2011</u> Packer Depth: <u>5700</u>	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)