

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:  
400231638

## 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  
2. Name of Operator: CARRIZO OIL & GAS INC  
3. Address: 500 DALLAS STREET #2300  
City: HOUSTON State: TX Zip: 77002  
4. Contact Name: Tina Taylor  
Phone: (713) 328-1000  
Fax: (713) 358-6440

5. API Number 05-123-34099-00  
6. County: WELD  
7. Well Name: Speaker Well Number: 1-27-31-8-61  
8. Location: QtrQtr: NWNE Section: 27 Township: 8N Range: 61W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 11/27/2011 Date of First Production this formation: 12/03/2011  
Perforations Top: 7080 Bottom: 10605 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Fracture stimulated through a port and packer system with 2,886,419 sacks of 20/40 sand and 240,572 sacks of 40/70 sand.  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 12/03/2011 Hours: 24 Bbls oil: 187 Mcf Gas: 15 Bbls H2O: 542  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 187 Mcf Gas: 15 Bbls H2O: 542 GOR: 12  
Test Method: Jet Pump Casing PSI: 125 Tubing PSI: \_\_\_\_\_ Choke Size: 40  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1392 API Gravity Oil: 38  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: 6240  
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
400231975	OPERATIONS SUMMARY
400231976	OTHER
400231978	OTHER
400232289	OTHER

Total Attach: 4 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)