FORM 5	**State of Colorado**		DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

FORM 5
Rev 02/08

DRILLING COMPLETION REPORT

Document Number:

400231705

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

4. Contact Name: Tina Taylor

2. Name of Operator: CARRIZO OIL & GAS INC

Phone: (713) 328-1000

3. Address: 500 DALLAS STREET #2300

Fax: (713) 358-6440

City: HOUSTON State: TX Zip: 77002

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

Footage at surface: Distance: 292 feet Direction: FNL Distance: 1560 feet Direction: FEL

As Drilled Latitude: 40.639290 As Drilled Longitude: -104.188050

GPS Data:

Data of Measurement: 06/09/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 650 feet. Direction: FNL Dist.: 960 feet. Direction: FEL

Sec: 27 Twp: 8N Rng: 61W

** If directional footage at Bottom Hole Dist.: 650 feet. Direction: FSL Dist.: 960 feet. Direction: FEL

Sec: 27 Twp: 8N Rng: 61W

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) 10/26/2011 13. Date TD: 11/09/2011 14. Date Casing Set or D&A: 11/12/2011

15. Well Classification:

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

16. Total Depth MD 10832 TVD** 6477 17 Plug Back Total Depth MD 5038 TVD** 5002

18. Elevations GR 4992 KB 5009

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
CONDUCTOR	24+1/4	16+0/0	0	0	77	7	0	77	CALC
SURF	12+1/4	9+5/8	36	0	1,411	593	77	1,411	CALC
1ST	8+3/4	7	26	0	7,060	625	1,411	7,060	CBL
1ST LINER	6+/4	4+1/2		5759	10,832				CALC

Date Run: 1/6/2012 Doc [#400231705] Well Name: Speaker 1-27-31-8-61

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/28/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	6,435	6,587	☐	☐	

Comment:

Carrizo did not drill a pilot hole for this well.

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

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
	CMT Summary *	Yes	☐	No	☒
	Core Analysis	Yes	☐	No	☒
400231731	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
400231753	Other	Yes	☒	No	☐

Other Attachments

Att Doc Num	Document Name				
400231738	LAS-TRIPLE COMBINATION	Yes	☒	No	☐
400231741	OPERATIONS SUMMARY	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)