

DRILLING COMPLETION REPORT

Document Number:
400245169

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) 328-1060
 City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-34387-00 6. County: WELD
 7. Well Name: Barracuda Well Number: 20-14-7-60
 8. Location: QtrQtr: SWSW Section: 20 Township: 7N Range: 60W Meridian: 6
 Footage at surface: Distance: 400 feet Direction: FSL Distance: 600 feet Direction: FWL
 As Drilled Latitude: 40.554520 As Drilled Longitude: -104.125470

GPS Data:
 Date of Measurement: 08/15/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: George Allen

** If directional footage at Top of Prod. Zone Dist.: 969 feet. Direction: FSL Dist.: 650 feet. Direction: FWL
 Sec: 20 Twp: 7N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 650 feet. Direction: FNL Dist.: 650 feet. Direction: FWL
 Sec: 20 Twp: 7N 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) 11/15/2011 13. Date TD: 12/01/2011 14. Date Casing Set or D&A: 12/03/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7003 TVD** 7001 17 Plug Back Total Depth MD 5578 TVD** 5576

18. Elevations GR 4974 KB 4974 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, Compensated Neutron

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
SURF	12+1/4	9+5/8	36	0	1,450	405	0	1,450	CALC
OPEN HOLE	8+3/4			5478	8,861	575			CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/17/2011

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	6,154	6,341	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,341	6,511	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,511	6,511	<input type="checkbox"/>	<input type="checkbox"/>	

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400245674	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400245666	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245668	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400245665	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)