

**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:

400246674

**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: 500 DALLAS STREET #2300 Fax: (713) 328-1060  
City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-33955-00 6. County: WELD  
7. Well Name: Pergamos Well Number: 3-44-7-60  
8. Location: QtrQtr: SESE Section: 3 Township: 7N Range: 60W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

**Completed Interval**

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>01/09/2012</u>	
Perforations	Top: <u>6580</u> Bottom: <u>10547</u>	No. Holes: _____	Hole size: <u>4 + 1/2</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>	
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>01/26/2012</u>	Hours: <u>24</u>	Bbls oil: <u>240</u>	Mcf Gas: <u>120</u> Bbls H2O: <u>745</u>
Calculated 24 hour rate:		Bbls oil: <u>240</u>	Mcf Gas: <u>120</u> Bbls H2O: <u>745</u> GOR: _____
Test Method: <u>Jet Pump</u>	Casing PSI: <u>225</u>	Tubing PSI: <u>250</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1512</u>	API Gravity Oil: <u>35</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6210</u>	Tbg setting date: <u>12/31/2011</u>	Packer Depth: <u>6210</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 TaylorTitle: 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.

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

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Total: 0 comment(s)