

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
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) 328-1060

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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)