

**FORM**  
**5**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



DE ET OE ES

Document Number:

400246711

**DRILLING COMPLETION REPORT**

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 &amp; 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

Footage at surface: Distance: 297 feet Direction: FSL Distance: 297 feet Direction: FEL

As Drilled Latitude: 40.609730 As Drilled Longitude: -104.072390

## GPS Data:

Data of Measurement: 04/12/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: George Allen

\*\* If directional footage at Top of Prod. Zone Dist.: 705 feet. Direction: FSL Dist.: 705 feet. Direction: FEL

Sec: 3 Twp: 7N Rng: 60W

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

Sec: 3 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) 12/06/2011 13. Date TD: 12/19/2011 14. Date Casing Set or D&amp;A: 12/23/2011

## 15. Well Classification:

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

16. Total Depth MD 10553 TVD\*\* 6373 17 Plug Back Total Depth MD 10442 TVD\*\* 6289

18. Elevations GR 4935 KB 17

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR   | 16+1/5       | 15+1/8         | 75    | 0             | 80            |           | 0       | 80      | CALC   |
| SURF        | 12+1/4       | 9+5/8          | 36    | 80            | 1,419         | 405       | 0       | 1,419   | CALC   |
| 1ST         | 8+3/4        | 7              | 26    | 1419          | 6,547         | 606       | 1,419   | 6,547   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 12    | 5769          | 10,547        |           |         |         |        |

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/07/2011

| Method used | String    | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|-----------|-----------------------------------|---------------|------------|---------------|
|             | OPEN HOLE | 1,422                             |               | 80         | 1,422         |

Details of work:

Used 2,672,283 20/40 frac sand. 225,536 40/70 frac sand and 242,200 20/40 RC sand with 51,998 bbls clean volume pumped.  
No Pilot drilled.

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 | 6,051          | 6,197  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,197          |        | <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> |                        |            |                                     |    |                                     |
|                             | CMT Summary *          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400246748                   | 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"/>            |
| 400246746                   | Other                  | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| <u>Other Attachments</u>    |                        |            |                                     |    |                                     |
| 400246762                   | DIRECTIONAL DATA       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400248151                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

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

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Total: 0 comment(s)