

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



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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 & 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&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+1/15	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)