

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:
400245701

Date Received:
01/26/2012

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 05-123-34387-01 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.: 958 feet. Direction: FSL Dist.: 650 feet. Direction: FWL

Sec: 20 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 846 feet. Direction: FNL Dist.: 689 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 10162 TVD** 6383 17 Plug Back Total Depth MD 10095 TVD** 6382

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, Compensted Neutron, Induction, MDW

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+1/1	9+5/8	36	0	1,450	405	0	1,450	CALC
1ST	8+3/4	7	26	0	6,756	575	1,260	6,756	CBL
1ST LINER	6+1/8	4+1/2	12	5478	10,162				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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: 1/26/2012 Email: tina.taylor@crzo.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400245740	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400245725	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"/>
400245730	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400245701	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245724	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245745	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Rec'd corrected top of 1st string, and cement plugging information, placed plugging info on the Form 5 for the "00" wellbore.	3/15/2012 10:16:21 AM
Engineer	Emailed operator with question on top of 1st string being 2450, and not the surface.	3/15/2012 9:25:55 AM
Permit	Hard copy logs recieved 3/2/2012.	3/2/2012 12:23:27 PM
Permit	Logs attached to attachments as other. Logs must be moved to name them.	2/13/2012 11:27:19 AM

Total: 4 comment(s)