

**FORM**  
**5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400304338

Date Received:

**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 05-123-33958-00

6. County: WELD

7. Well Name: Debrine

Well Number: 21-44-8-61

8. Location: QtrQtr: SESE Section: 21 Township: 8N Range: 61W Meridian: 6

Footage at surface: Distance: 240 feet Direction: FSL Distance: 1316 feet Direction: FEL

As Drilled Latitude: 40.652714 As Drilled Longitude: -104.203806

## GPS Data:

Data of Measurement: 04/13/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Shane Nelson

\*\* If directional footage at Top of Prod. Zone Dist.: 750 feet. Direction: FSL Dist.: 650 feet. Direction: FEL

Sec: 21 Twp: 8N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 610 feet. Direction: FNL Dist.: 850 feet. Direction: FEL

Sec: 21 Twp: 8N Rng: 61W

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) 04/02/2012 13. Date TD: 04/12/2012 14. Date Casing Set or D&amp;A: 04/14/2012

## 15. Well Classification:

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

16. Total Depth MD 10855 TVD\*\* 6526 17 Plug Back Total Depth MD 6950 TVD\*\* 6540

18. Elevations GR 5000 KB 5017

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, Triple Combo

## 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	20	16		0	60	6	0	60	CALC
SURF	12	9+5/8	36	0	1,430	555	0	1,430	CALC
1ST	8+3/4	7	23	0	6,800	585	1,430	6,800	CALC
1ST LINER	6	4+1/2	12	5957	10,855				CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/12/2012

Method used	String	Cementing tool setting/perf 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	6,488	6,650	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,650		<input type="checkbox"/>	<input checked="" 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"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400304370	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400304367	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400304387	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)