

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:

400313211

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 & 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 05-123-33681-00

6. County: WELD

7. Well Name: Dietzler

Well Number: 10-14-9-60

8. Location: QtrQtr: SWSW Section: 10 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 273 feet Direction: FSL Distance: 262 feet Direction: FWL

As Drilled Latitude: 40.758020 As Drilled Longitude: -104.087250

GPS Data:

Date of Measurement: 05/10/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Shane Nelson

** If directional footage at Top of Prod. Zone Dist.: 682 feet. Direction: FSL Dist.: 665 feet. Direction: FWL

Sec: 10 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 652 feet. Direction: FNL Dist.: 647 feet. Direction: FWL

Sec: 10 Twp: 9N 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) 04/30/2012 13. Date TD: 05/09/2012 14. Date Casing Set or D&A: 05/11/2012

15. Well Classification:

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

16. Total Depth MD 10743 TVD** 6462 17 Plug Back Total Depth MD 6708 TVD** 6433

18. Elevations GR 5090 KB 5107

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:

Triple Combo, GR, CBL

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	15+1/4	84	0	70	6	0	70	CALC
SURF	12+1/4	9+5/8	36	0	1,401	555	0	1,401	CALC
1ST	8+3/4	7	23	0	6,572	561	5,810	6,572	CBL
1ST LINER	6+1/8	4+1/2	11.6	5810	10,743				CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/06/2012

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	6,312	6,415	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,415		<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>					
400314357	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400313246	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400313242	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400313244	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400313245	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400313302	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314360	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)