

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400328625

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10338
2. Name of Operator: CARRIZO OIL & GAS INC
3. Address: 500 DALLAS STREET #2300
City: HOUSTON State: TX Zip: 77002
4. Contact Name: Tina Taylor
Phone: (713) 328-1000
Fax: (713) 328-1060

5. API Number 05-123-35814-00
6. County: WELD
7. Well Name: Hemberger
Well Number: 3-26-34-8-60
8. Location: QtrQtr: SWSE Section: 26 Township: 8N Range: 60W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/16/2012 End Date: 08/17/2012 Date of First Production this formation: 09/01/2012
Perforations Top: 6723 Bottom: 10449 No. Holes: 15 Hole size: 2 + 1/4
Provide a brief summary of the formation treatment: Open Hole: ☒
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 44131 Max pressure during treatment (psi): 7787
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 4.00
Type of gas used in treatment: Min frac gradient (psi/ft): 2242.00
Total acid used in treatment (bbl): Number of staged intervals: 15
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 0 Disposition method for flowback:
Total proppant used (lbs): 2571110 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/01/2012 Hours: 24 Bbl oil: 432 Mcf Gas: 228 Bbl H2O: 809
Calculated 24 hour rate: Bbl oil: 432 Mcf Gas: 228 Bbl H2O: 809 GOR: 527
Test Method: Jet Pump Casing PSI: 350 Tubing PSI: 2750 Choke Size:
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1251 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5790 Tbg setting date: 08/31/2012 Packer Depth: 5782
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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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
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Attachment Check List

Att Doc Num	Name
400328640	CEMENT JOB SUMMARY
400329342	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)