

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:

400328742

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
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
Footage at surface: Distance: 261 feet Direction: FSL Distance: 1586 feet Direction: FEL
As Drilled Latitude: 40.626840 As Drilled Longitude: -104.055150

GPS Data:

Date of Measurement: 07/25/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Shane Nelson

** If directional footage at Top of Prod. Zone Dist.: 497 feet. Direction: FNL Dist.: 2192 feet. Direction: FEL

Sec: 35 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 119 feet. Direction: FSL Dist.: 2237 feet. Direction: FEL

Sec: 35 Twp: 8N 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) 07/14/2012 13. Date TD: 07/24/2012 14. Date Casing Set or D&A: 07/24/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10618 TVD** 6222 17 Plug Back Total Depth MD 10590 TVD** 6222

18. Elevations GR 4874 KB 4874
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, GR

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	75	0	70		0	70	CALC
SURF	12+1/4	9+5/8	36	0	1,440	555	70	1,420	CALC
1ST LINER	8+3/4	7	23	0	6,406	539	1,420	6,405	CALC
OPEN HOLE	6+1/8	5+1/2	11.6	5562	10,618				CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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	6,116	6,284	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,284		<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 ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400328815	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"/>
Other Attachments			
400328810	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328811	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328812	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328814	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328832	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)