

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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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, reoperation 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 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 05-123-35804-00 6. County: WELD
 7. Well Name: Pergamos Well Number: 2-4-34-7-60
 8. Location: QtrQtr: SWSE Section: 4 Township: 7N Range: 60W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 07/24/2012 End Date: 07/25/2012 Date of First Production this formation: 08/12/2012
 Perforations Top: 6860 Bottom: 10531 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): 54540 Max pressure during treatment (psi): 5607
 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): 2714.00
 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): 3177445 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/12/2012 Hours: 24 Bbl oil: 480 Mcf Gas: 326 Bbl H2O: 1032
 Calculated 24 hour rate: Bbl oil: 480 Mcf Gas: 326 Bbl H2O: 1032 GOR: 679
 Test Method: Jet Pump Casing PSI: 310 Tubing PSI: 3300 Choke Size: _____
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1299 API Gravity Oil: 36
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6060 Tbg setting date: 08/09/2012 Packer Depth: 6053

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:

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
400330090	CEMENT JOB SUMMARY
400330091	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

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

Total: 0 comment(s)