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Document Number:
400329847

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 05-123-35804-00 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
 Footage at surface: Distance: 108 feet Direction: FSL Distance: 1366 feet Direction: FEL
 As Drilled Latitude: 40.597250 As Drilled Longitude: -104.093020

GPS Data:
 Date of Measurement: 08/03/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 608 feet. Direction: FNL Dist.: 1992 feet. Direction: FEL
 Sec: 9 Twp: 7N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 644 feet. Direction: FSL Dist.: 1945 feet. Direction: FEL
 Sec: 9 Twp: 7N 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) 06/17/2012 13. Date TD: 07/10/2012 14. Date Casing Set or D&A: 07/12/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10682 TVD** 6282 17 Plug Back Total Depth MD 10664 TVD** 6282

18. Elevations GR 4911 KB 4928 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:

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
SURF	12+1/4	9+5/8	36	0	1,425	555	0	1,425	CALC
1ST	8+3/4	7	23	0	6,400	375	0	6,400	CALC
1ST LINER	6+1/8	5+1/2	11.6	6250	10,682				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	6,109	6,244	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	6,244		<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"/>
400330098	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			
400330094	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330095	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330096	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330097	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330101	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)