

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



DE ET OE ES

Document Number:

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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, 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 05-123-34430-00

7. Well Name: HEMBERGER

8. Location: QtrQtr: SWSE

Section: 26

Township: 8N

Range: 60W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

6. County: WELD

Well Number: 26-34-8-60

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Type: FRACTURE
STIMULATION

Treatment Date: 08/14/2012

End Date: 08/15/2012

Date of First Production this formation: 08/20/2012

Perforations Top: 6781

Bottom: 9654

No. Holes: 12

Hole size: 3 + 3/4

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): 41107

Max pressure during treatment (psi): 4531

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment:

Min frac gradient (psi/ft): 2353.00

Total acid used in treatment (bbl):

Number of staged intervals: 12

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 230

Disposition method for flowback:

Total proppant used (lbs): 2589275

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/20/2012

Hours: 24

Bbl oil: 687

Mcf Gas: 598

Bbl H2O: 404

Calculated 24 hour rate:

Bbl oil: 687

Mcf Gas: 598

Bbl H2O: 1332

GOR: 1

Test Method: JET PUMP

Casing PSI: 180

Tubing PSI: 1900

Choke Size: 48/64

Gas Disposition: SOLD

Gas Type: DRY

Btu Gas: 1329

API Gravity Oil: 36

Tubing Size: 2 + 3/8

Tubing Setting Depth: 5710

Tbg setting date: 08/29/2012

Packer Depth: 5702

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
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)