

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:  
400341015

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 05-123-34430-00  
6. County: WELD  
7. Well Name: HEMBERGER  
Well Number: 26-34-8-60  
8. Location: QtrQtr: SWSE Section: 26 Township: 8N Range: 60W Meridian: 6  
Footage at surface: Distance: 249 feet Direction: FSL Distance: 1540 feet Direction: FEL  
As Drilled Latitude: 40.626810 As Drilled Longitude: -104.054980

GPS Data:

Data of Measurement: 10/30/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 727 feet. Direction: FSL Dist.: 1822 feet. Direction: FEL

Sec: 26 Twp: 8N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 973 feet. Direction: FNL Dist.: 1793 feet. Direction: FEL

Sec: 26 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) 07/25/2012 13. Date TD: 08/06/2012 14. Date Casing Set or D&A: 08/10/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10240 TVD\*\* 6233 17 Plug Back Total Depth MD 9795 TVD\*\* 6227

18. Elevations GR 4874 KB 4891

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:

GR, CBL

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	65	0	80			80	
SURF	12+1/4	9+5/8	36	80	1,410	555		1,410	
1ST	8+3/4	7	26	1410	6,246	529		6,246	
1ST LINER	6+1/8	4+1/2	12	6209	10,240				CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 07/26/2012

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	6,026	6,163	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,163		<input type="checkbox"/>	<input 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 ?	
<b><u>Attachment Checklist</u></b>			
400341058	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400341061	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"/>
<b><u>Other Attachments</u></b>			
400341049	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341051	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341053	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341054	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341055	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341073	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)