

**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



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Document Number:

400367081

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 05-123-36034-01

6. County: WELD

7. Well Name: Slick Rock

Well Number: 2-17-11-7-60 ST

8. Location: QtrQtr: NWNW Section: 17 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 1278 feet Direction: FNL Distance: 280 feet Direction: FWL

As Drilled Latitude: 40.578930 As Drilled Longitude: -104.125880

GPS Data:

Date of Measurement: 12/20/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Seth Clayton

** If directional footage at Top of Prod. Zone Dist.: 669 feet. Direction: FNL Dist.: 435 feet. Direction: FWL

Sec: 17 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 657 feet. Direction: FNL Dist.: 660 feet. Direction: FEL

Sec: 17 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) 09/10/2012 13. Date TD: 09/23/2012 14. Date Casing Set or D&A: 09/25/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10700 TVD** 6353 17 Plug Back Total Depth MD 10682 TVD** 6353

18. Elevations GR 4937 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:

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	64	0	70	7	0	70	
SURF	12+1/4	9+5/8	36	0	1,430	555	70	1,430	
1ST	8+3/4	7	23	0	6,475	549	1,407	6,475	
1ST LINER	6+1/8	4+1/2	12	6457	10,700				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/11/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Swell Packer set @ 6380' Top 6394' Bottom. Cement company originally set surface casing for Slick Rock 1-17-11-7-60 then Carrizo had to side track the well and the Intermediate casing was set under Slick Rock 2-17-11-7-60.

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	6,211	6,359	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,359		<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 ?			
<u>Attachment Checklist</u>					
400367579	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400367371	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"/>
<u>Other Attachments</u>					
400367362	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400367363	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400367364	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400367366	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400367376	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)