

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, 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 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 05-123-34405-01 6. County: WELD
 7. Well Name: Bringelson Ranch Well Number: 34-41-9-58
 8. Location: QtrQtr: NENE Section: 34 Township: 9N Range: 58W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/20/2012 End Date: 04/21/2012 Date of First Production this formation: 04/27/2012

Perforations Top: 5991 Bottom: 9975 No. Holes: 16 Hole size: 4 + 1/2

Provide a brief summary of the formation treatment: Open Hole:

Fracture stimulated through a port and packer system with 3,009,440 lbs Ottawa 20/40 sand and 241,780 40/70 sand and 191,880 lbs CRC 20/40 sand with 3,443,100 Total Proppant pumped.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 55393 Max pressure during treatment (psi): 6584

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.00

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 18156 Disposition method for flowback: _____

Total proppant used (lbs): 3443100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/28/2012 Hours: 24 Bbl oil: 609 Mcf Gas: 279 Bbl H2O: 663

Calculated 24 hour rate: Bbl oil: 609 Mcf Gas: 279 Bbl H2O: 663 GOR: 0

Test Method: Jet Pump Casing PSI: 760 Tubing PSI: 3100 Choke Size: 26

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1593 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5250 Tbg setting date: 12/30/2012 Packer Depth: 5250

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
:

Attachment Check List

Att Doc Num	Name
400418080	WELLBORE DIAGRAM
400418083	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)