

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:

400418084

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 05-123-34405-00
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
Footage at surface: Distance: 297 feet Direction: FNL Distance: 1256 feet Direction: FEL
As Drilled Latitude: 40.714160 As Drilled Longitude: -103.844850

GPS Data:

Date of Measurement: 03/30/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Shane Nelson

** If directional footage at Top of Prod. Zone Dist.: 699 feet. Direction: FNL Dist.: 1121 feet. Direction: FEL

Sec: 34 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1845 feet. Direction: FNL Dist.: 956 feet. Direction: FEL

Sec: 34 Twp: 9N Rng: 58W

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) 03/16/2012 13. Date TD: 03/29/2012 14. Date Casing Set or D&A: 04/01/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7152 TVD** 5702 17 Plug Back Total Depth MD 7152 TVD** 5702

18. Elevations GR 4736 KB 4719

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 | 60 | 6 | 0 | 60 | |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,460 | 555 | 60 | 1,460 | |
| OPEN HOLE | 8+3/4 | 7 | 23 | 0 | 7,152 | 471 | 1,460 | 7,152 | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/16/2012

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 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 | 5,542 | 5,635 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 5,635 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

While as-built drawing was being prepared the surveyor noticed the well was 7 feet further from north line and 7 feet closer to east line. Reported on completion forms as drilled.

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 | | | |
| 400418126 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400418108 | 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 | | | |
| 400418099 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400418100 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400418102 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400418122 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400418427 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400418428 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)