

**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:

400455514

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 &amp; 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 05-123-36625-00

6. County: WELD

7. Well Name: Bringelson

Well Number: 2-32-9-58

8. Location: QtrQtr: SWSE Section: 32 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 235 feet Direction: FSL Distance: 1325 feet Direction: FEL

As Drilled Latitude: 40.700780 As Drilled Longitude: -103.883020

## GPS Data:

Date of Measurement: 07/22/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 673 feet. Direction: FSL Dist.: 639 feet. Direction: FEL

Sec: 32 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 654 feet. Direction: FNL Dist.: 690 feet. Direction: FEL

Sec: 32 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) 03/03/2013 13. Date TD: 03/14/2013 14. Date Casing Set or D&amp;A: 03/17/2013

## 15. Well Classification:

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

16. Total Depth MD 10135 TVD\*\* 5786 17 Plug Back Total Depth MD 10135 TVD\*\* 5786

18. Elevations GR 4785 KB 4824

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:

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	70	7	0	70	
SURF	12+1/4	9+5/8	36	0	1,440	557	0	1,440	
1ST	8+3/4	7	23	0	5,940	493	0	1,440	
1ST LINER	6+1/4	4+1/2	11.6	5161	10,135				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

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	5,680	5,789	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,789		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Swell Packer set @ 6126' Top 6142' Bottom

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>					
400455526	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400455525	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>					
400455517	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455518	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455519	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455520	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455521	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455906	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)