## 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 05-123-36034-01	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				
9. Field Name: Field Code:					
Completed Interval					
FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE					
Treatment Date: 40/42/2042 Fad Date: 40/44/2042 D	STIMULATION STIMULATION				
Treatment Date:         10/13/2012         End Date:         10/14/2012         Date:           Perforations         Top:         6572         Bottom:         10540         No. Holes:	ate of First Production this formation:  15 Hole size: 2 + 3/4				
Provide a brief summary of the formation treatment:  Open Hole:	10 11010 SIZE. <u>2 1 0/4</u>				
Fracture stimulated through a port and packer system with 2,941,871 lbs Ottawa 20	0/40 sand and 173.196 lbs CRC 20/40 sand with				
3,290,059 Total Proppant pumped.					
This formation is commingled with another formation:					
Total fluid used in treatment (bbl): 50498	Max pressure during treatment (psi):6059				
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40					
Type of gas used in treatment: Min frac gradient (psi/ft): 2925.00					
Total acid used in treatment (bbl): Number of staged intervals:15					
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):					
Fresh water used in treatment (bbl): Disposition method for flowback:					
Total proppant used (lbs): 3290059 Rule 805 green completion techniques were utilized:					
	Reason why green completion not utilized:				
Fracture stimulations must be reported on Frace	Focus.org				
Test Information:					
Date: 10/30/2012 Hours: 24 Bbl oil: 456 Me	cf Gas: 72 Bbl H2O: 1176				
Calculated 24 hour rate: Bbl oil: 456 Mcf Gas: 72 Bb	OI H2O: 1176 GOR: 157				
Test Method: Jet Pump Casing PSI: 350 Tubin	ng PSI: 2025 Choke Size: 30				
Gas Disposition: SOLD Gas Type: DRY Br	tu Gas: 1299 API Gravity Oil: 36				
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5950 Tbg setting date:	10/26/2012 Packer Depth: 5937				
Reason for Non-Production:					
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt					
** Bridge Plug Depth:					

Comment:							
I hereby certify a	all statements made in this f	orm are, to the best of r	ny knowledge, true, co	orrect, and complete.			
Signed: Print Name: Tina Taylor							
	atory Compliance	Date:		na.taylor@crzo.net			
		<del></del>	: -	•			
		Attachmen	t Check List				
Att Doc Num	Name						
400367103	WELLBORE DIAG	RAM					
400367725	WELLBORE DIAG	RAM					
Total Attach: 2 F	iles						
General Comments							
<u>User Group</u>	<u>Comment</u>				<b>Comment Date</b>		
Total: 0 comment(s)							

Date Run: 1/10/2013 Doc [#400367080] Well Name: Slick Rock 2-17-11-7-60 ST