

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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| DE | ET | OE | ES |
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Document Number:
400279650

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: 96155 4. Contact Name: Pauleen Tobin
 2. Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 837-1661
 3. Address: 1700 BROADWAY STE 2300 Fax: (303) 390-4923
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-34415-00 6. County: WELD
 7. Well Name: RUNWAY Well Number: 23-31H
 8. Location: QtrQtr: SWSE Section: 23 Township: 11N Range: 58W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 1842 feet Direction: FEL
 As Drilled Latitude: 40.905570 As Drilled Longitude: -103.828830

GPS Data:
 Date of Measurement: 01/23/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 910 feet. Direction: FSL Dist.: 1821 feet. Direction: FEL

Sec: 23 Twp: 11N Rng: 58W

** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FNL Dist.: 1808 feet. Direction: FEL

Sec: 23 Twp: 11N Rng: 58W

9. Field Name: TERRACE 10. Field Number: 81500

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/21/2011 13. Date TD: 11/01/2011 14. Date Casing Set or D&A: 11/04/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10384 TVD** 6177 17 Plug Back Total Depth MD 10384 TVD** 6177

18. Elevations GR 5220 KB 5235 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:
CPD/CN, CAIE, CBL/GR

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,544 | 797 | 0 | 1,554 | VISU |
| 1ST | 8+3/4 | 7 | 29 | 0 | 6,554 | 475 | 1,530 | 6,554 | CBL |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 5479 | 10,384 | | | | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2011

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | SURF | | 797 | 0 | 1,554 |
| | 1ST | | 475 | 1,530 | 6,554 |

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 | |
| FOX HILLS | 156 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIERRE | 627 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 3,849 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 5,982 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,098 | | <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: Pauleen Tobin

Title: Engineer Tech Date: _____ Email: pollyt@whiting.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 400279682 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400281673 | 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 | | | |
| 400279672 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400281667 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400281669 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)