

FORM
5Rev
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:

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:

Data 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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)