

**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:

400283222

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) 8371661

3. Address: 1700 BROADWAY STE 2300

Fax: (303) 3904923

City: DENVER State: CO Zip: 80290

5. API Number 05-123-34561-01

6. County: WELD

7. Well Name: Wolf

Well Number: 35-2623H

8. Location: QtrQtr: SESW Section: 35 Township: 10N Range: 59W Meridian: 6

Footage at surface: Distance: 320 feet Direction: FSL Distance: 1945 feet Direction: FWL

As Drilled Latitude: 40.788131 As Drilled Longitude: -103.947986

## GPS Data:

Data of Measurement: 07/25/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert L Kay

\*\* If directional footage at Top of Prod. Zone Dist.: 886 feet. Direction: FSL Dist.: 1931 feet. Direction: FWL

Sec: 35 Twp: 10N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 1986 feet. Direction: FSL Dist.: 1880 feet. Direction: FWL

Sec: 26 Twp: 10N Rng: 59W

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) 12/01/2011 13. Date TD: 12/14/2011 14. Date Casing Set or D&amp;A: 12/30/2011

## 15. Well Classification:

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

16. Total Depth MD 12743 TVD\*\* 6140 17 Plug Back Total Depth MD 12743 TVD\*\* 6140

18. Elevations GR 5006 KB 5021

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:

AI, CPD/CN, MI, HVC, 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	1,524	671	0	1,524	CALC
2ND	8+3/4	7+0/0	29	0	6,442	447	247	6,442	CBL
1ST LINER	6+0/0	4+1/2	11.6	5414	12,740	0	0	0	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 12/03/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF	1,524	671	0	1,524
	2ND	6,442	447	247	6,442
	OPEN HOLE	7,590	155	6,840	7,590

Details of work:

Open hole entry is the kick off plug to the sidetrack.

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	286		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	454		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,535		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,998		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,009		<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>					
400283258	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400283256	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>					
400283235	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400283237	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400283262	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group**      **Comment****Comment Date**

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Total: 0 comment(s)