

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:

400333959

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 05-123-34888-00

6. County: WELD

7. Well Name: Wildhorse

Well Number: 02-0224H

8. Location: QtrQtr: NENW Section: 2 Township: 9N Range: 59W Meridian: 6

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

As Drilled Latitude: 40.786375 As Drilled Longitude: -103.947956

GPS Data:

Date of Measurement: 07/25/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Jeremy Harris

** If directional footage at Top of Prod. Zone Dist.: 838 feet. Direction: FNL Dist.: 1963 feet. Direction: FWL

Sec: 2 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 676 feet. Direction: FSL Dist.: 2001 feet. Direction: FWL

Sec: 2 Twp: 9N Rng: 59W

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) 06/14/2012 13. Date TD: 06/24/2012 14. Date Casing Set or D&A: 06/27/2012

15. Well Classification:

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

16. Total Depth MD 10224 TVD** 6147 17 Plug Back Total Depth MD 10224 TVD** 6147

18. Elevations GR 4994 KB 5011

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/CND, HVC,SB/GR/CC

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	9+5/8	13+1/2	36	0	1,542	797	0	1,542	CALC
1ST	7+0/0	8+3/4	29	0	6,424	469	200	6,424	CBL
1ST LINER	4+1/2	6+0/0	11.6	5369	10,224				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/14/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		797	0	1,542
	1ST		469	200	6,424

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	0		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	694		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,998		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,323		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,419		<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>					
400334002	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400334001	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>					
400333995	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400333998	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400334000	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)