

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:

400347907

Date Received:

11/19/2012

## 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 05-123-34980-00

6. County: WELD

7. Well Name: Wildhorse

Well Number: 06-0634H

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

Footage at surface: Distance: 320 feet Direction: FNL Distance: 2025 feet Direction: FEL

As Drilled Latitude: 40.785664 As Drilled Longitude: -104.018711

## GPS Data:

Date of Measurement: 07/18/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Jeremy Harris

\*\* If directional footage at Top of Prod. Zone Dist.: 1041 feet. Direction: FNL Dist.: 1978 feet. Direction: FEL

Sec: 6 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 766 feet. Direction: FSL Dist.: 2037 feet. Direction: FEL

Sec: 6 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) 07/17/2012 13. Date TD: 07/24/2012 14. Date Casing Set or D&amp;A: 07/26/2012

## 15. Well Classification:

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

16. Total Depth MD 10326 TVD\*\* 6419 17 Plug Back Total Depth MD 10326 TVD\*\* 6419

18. Elevations GR 5187 KB 5204

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, QL, CBL

## 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	1,538	797	0	1,538	CALC
1ST	8+3/4	7	29	0	6,901	491	0	6,901	CBL
1ST LINER	6	4+1/2	11.6	5692	10,326				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
PIERRE	1,788		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,688		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,369		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,380		<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 TobinTitle: Engineering Tech Date: 11/19/2012 Email: pollyt@whiting.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400347932	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400347931	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>					
400347907	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347927	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347930	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347935	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)