

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:

400380329

Date Received:

03/08/2013

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

5. API Number 05-123-34877-00
6. County: WELD
7. Well Name: TWOMILE Well Number: 15-1033AH
8. Location: QtrQtr: SWSE Section: 15 Township: 11N Range: 57W Meridian: 6
Footage at surface: Distance: 422 feet Direction: FSL Distance: 1997 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 1111 feet. Direction: FSL Dist.: 1987 feet. Direction: FEL
Sec: 15 Twp: 11N Rng: 57W
** If directional footage at Bottom Hole Dist.: 1989 feet. Direction: FSL Dist.: 1805 feet. Direction: FEL
Sec: 10 Twp: 11N Rng: 57W

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) 09/09/2012 13. Date TD: 09/18/2012 14. Date Casing Set or D&A: 09/24/2012

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

16. Total Depth MD 12278 TVD** 5589 17 Plug Back Total Depth MD 12278 TVD** 5589

18. Elevations GR 4912 KB 4928
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:
RCB/GR/CCL, AI, HVC, CPD/CND, MUD

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	1,532	693	0	1,532	CALC
1ST	8+3/4	7	29	0	6,085	434	68	6,085	CBL
1ST LINER	6	4+1/2	11.6	4873	12,268				

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	1,731		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,518		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,655		<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: 3/8/2013 Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400380351	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400380357	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			
400380329	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400380349	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400380350	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400389281	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)