

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:

400380314

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 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 05-123-35958-00 6. County: WELD  
 7. Well Name: Wildhorse Well Number: 02-0214AH  
 8. Location: QtrQtr: 4 Section: 2 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 391 feet Direction: FNL Distance: 781 feet Direction: FWL  
 As Drilled Latitude: 40.786140 As Drilled Longitude: -103.952140

GPS Data:

Date of Measurement: 09/10/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Larry D. Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1032 feet. Direction: FNL Dist.: 1316 feet. Direction: FWL  
 Sec: 2 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 696 feet. Direction: FSL Dist.: 1338 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) 08/24/2012 13. Date TD: 09/03/2012 14. Date Casing Set or D&A: 09/06/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10174 TVD\*\* 6040 17 Plug Back Total Depth MD 10174 TVD\*\* 6040

18. Elevations GR 5003 KB 5020

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:

RCBL/GR/CCL, AI,CPD/CND,HVC, 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	1,515	693	0	1,515	CALC
1ST	8+3/4	7	29	0	6,607	470	84	6,607	CBL
1ST LINER	6	4+1/2	11.6	5222	10,164				

**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	1,650		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,567		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,276		<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 ?	
<b>Attachment Checklist</b>			
400380323	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400380392	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"/>
<b>Other Attachments</b>			
400380314	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400380321	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400380326	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400389268	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)