

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:

400403180

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 05-103-11931-01

6. County: RIO BLANCO

7. Well Name: WRD

Well Number: 23-33-R

8. Location: QtrQtr: NESW Section: 33 Township: 2N Range: 97W Meridian: 6

Footage at surface: Distance: 1925 feet Direction: FSL Distance: 2187 feet Direction: FWL

As Drilled Latitude: 40.096553 As Drilled Longitude: -108.284869

GPS Data:

Data of Measurement: 03/26/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: B. Hunting

** If directional footage at Top of Prod. Zone Dist.: 2552 feet. Direction: FNL Dist.: 2322 feet. Direction: FWL

Sec: 33 Twp: 2N Rng: 97W

** If directional footage at Bottom Hole Dist.: 2445 feet. Direction: FNL Dist.: 2358 feet. Direction: FWL

Sec: 33 Twp: 2N Rng: 97W

9. Field Name: WHITE RIVER

10. Field Number: 92800

11. Federal, Indian or State Lease Number: COC45291

12. Spud Date: (when the 1st bit hit the dirt) 06/17/2012 13. Date TD: 09/16/2012 14. Date Casing Set or D&A: 09/18/2012

15. Well Classification:

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

16. Total Depth MD 15904 TVD** 15866 17 Plug Back Total Depth MD 15904 TVD** 15866

18. Elevations GR 6168 KB 6200

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:

MUD, PEX N-D, PEX AI, SPEC GR, CHV, IS, PEX DOWN LOG, CBL/VDL, CAST-I, 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
CONDUCTOR	24	20	94	0	100	9	0	100	CALC
SURF	17+1/2	13+3/8	68	0	4,200	1,720	0	4,200	CBL
1ST	12+1/4	9+5/8	53.5	0	10,171	1,730	4,200	10,171	CBL
1ST LINER	8+1/2	7	29	9873	13,340	450	9,873	13,340	CALC
2ND LINER	6	4+1/2	13.5	12993	15,904	200	14,216	15,904	CBL

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	
CAMEO	6,461		<input type="checkbox"/>	<input type="checkbox"/>	
LOYD SS	8,059		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	10,885		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	12,482		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	12,726		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	12,803		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	13,456		<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	13,977		<input type="checkbox"/>	<input type="checkbox"/>	
MOENKOPI	14,275		<input type="checkbox"/>	<input type="checkbox"/>	
WEBER	14,890		<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>		
400403226	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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>		
400403186	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403187	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403189	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403195	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403196	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403201	LAS-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403206	LAS-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400403211	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)