

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:

400380285

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 05-123-35500-00 6. County: WELD
7. Well Name: Wildhorse Well Number: 02-0214H
8. Location: QtrQtr: Lot 4 Section: 2 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 360 feet Direction: FNL Distance: 740 feet Direction: FWL
As Drilled Latitude: 40.786210 As Drilled Longitude: -103.952290

GPS Data:

Date of Measurement: 09/10/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 892 feet. Direction: FNL Dist.: 742 feet. Direction: FWL
Sec: 2 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 686 feet. Direction: FSL Dist.: 730 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) 08/13/2012 13. Date TD: 08/21/2012 14. Date Casing Set or D&A: 08/22/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10158 TVD** 6119 17 Plug Back Total Depth MD 10158 TVD** 6119

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:

CBL, 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	1,535	693	0	1,535	CALC
1ST	8+3/4	7	29	0	6,426	470	108	6,426	CBL
1ST LINER	6	4+1/2	11.6	5439	10,148				

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	1,649		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,535		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,116		<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			
400380306	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400380302	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			
400380285	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400380301	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400380385	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400389248	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)