

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:

400405968

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 05-123-36057-00

6. County: WELD

7. Well Name: Razor

Well Number: 11-0241H

8. Location: QtrQtr: SENE Section: 11 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2220 feet Direction: FNL Distance: 610 feet Direction: FEL

As Drilled Latitude: 40.854544 As Drilled Longitude: -103.825431

GPS Data:

Data of Measurement: 04/27/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Zane Bullard

** If directional footage at Top of Prod. Zone Dist.: 1611 feet. Direction: FNL Dist.: 612 feet. Direction: FEL

Sec: 11 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 658 feet. Direction: FNL Dist.: 721 feet. Direction: FEL

Sec: 2 Twp: 10N Rng: 58W

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) 11/27/2012 13. Date TD: 12/09/2012 14. Date Casing Set or D&A: 12/10/2012

15. Well Classification:

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

16. Total Depth MD 12652 TVD** 5936 17 Plug Back Total Depth MD 12652 TVD** 5936

18. Elevations GR 4954 KB 4971

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, 60 ARM MIT/GR/CL, CB/GR/CCL

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	1,892	884	0	1,892	CALC
1ST	8+3/4	7	29	0	6,306	443	75	6,306	CBL
1ST LINER	6	4+1/2	11.6	5104	12,552				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		150	2,710	2,810
SQUEEZE	S.C. 1.1		200	2,710	2,810
SQUEEZE	S.C. 1.2		300	2,710	2,810
SQUEEZE	S.C. 1.3		200	2,710	2,810

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	1,700		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,576		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,871		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,878		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As Drilled GPS data to be submitted via sundry at a later date.

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: Engineer Tech Date: _____ Email: pollyt@whiting.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400406006	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400406014	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>					
400405999	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406000	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406016	DIRECTIONAL DATA	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)