

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:

400399310

Date Received:

04/12/2013

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 05-123-36168-00

6. County: WELD

7. Well Name: Wildhorse

Well Number: 16-1613BH

8. Location: QtrQtr: SWSW Section: 16 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 340 feet Direction: FSL Distance: 607 feet Direction: FWL

As Drilled Latitude: 40.744128 As Drilled Longitude: -103.990400

GPS Data:

Date of Measurement: 05/29/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Darren Shanks

** If directional footage at Top of Prod. Zone Dist.: 1228 feet. Direction: FSL Dist.: 726 feet. Direction: FWL

Sec: 16 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 1400 feet. Direction: FNL Dist.: 681 feet. Direction: FEL

Sec: 16 Twp: 9N Rng: 59W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 8435.5

12. Spud Date: (when the 1st bit hit the dirt) 11/13/2012 13. Date TD: 11/22/2012 14. Date Casing Set or D&A: 11/24/2012

15. Well Classification:

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

16. Total Depth MD 11352 TVD** 6268 17 Plug Back Total Depth MD 11352 TVD** 6268

18. Elevations GR 5068 KB 5085

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:

AI, CPD/CND, HVC, GR-CCL/SB-VDL

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	2,065	989	0	2,065	CALC
1ST	8+3/4	7	29	0	6,640	454	120	6,640	CBL
1ST LINER	6	4+1/2	11.6	5535	11,342				

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	1,803		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,529		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,133		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,146		<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: 4/12/2013 Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400399329	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>					
400399310	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400399324	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400399328	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400399330	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400399332	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)