

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400429229

Date Received:

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

PluggingBond SuretyID

20030110

3. Name of Operator: WHITING OIL AND GAS CORPORATION

4. COGCC Operator Number: 96155

5. Address: 1700 BROADWAY STE 2300

City: DENVER State: CO Zip: 80290

6. Contact Name: Vallen Brock Phone: (303)837-1661 x Fax: ()

Email: vallen.brock@whiting.com

7. Well Name: Razor Well Number: 26K-2305A

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 13342

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 26 Twp: 10N Rng: 58W Meridian: 6

Latitude: 40.809092 Longitude: -103.834525

Footage at Surface: 2448 feet FNL/FSL FSL 1982 feet FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4737 13. County: WELD

14. GPS Data:

Date of Measurement: 03/18/2013 PDOP Reading: 1.4 Instrument Operator's Name: Jeremy Harris

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1912 FNL 1372 FWL 100 Bottom Hole: FNL/FSL 1485 FWL 100
Sec: 26 Twp: 10N Rng: 58W Sec: 23 Twp: 10N Rng: 58W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 5280 ft

18. Distance to nearest property line: 1982 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 221 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
NIOBRARA	NBRR	535-314	960	ALL 23, N/2 26

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

E/2W/2, S/2SE Section 26 T10N R58W

25. Distance to Nearest Mineral Lease Line: 0 ft

26. Total Acres in Lease: 240

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	26	20		0	80		80	0
SURF	13+1/2	9+5/8	36	0	1,500	719	1,500	0
1ST	8+3/4	7	29	0	6,200	433	6,200	0
2ND	6	4+1/2	11.6	5136	13,342			

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Surface Use Agreement on 2A

34. Location ID: 430308

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Vallen Brock

Title: Regulatory Analyst Date: _____ Email: vallen.brock@whiting.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Data retrieval failed for the subreport 'IntPolicy_NTC' located at: \\W:\netpub\Net\Reports\policy_ntc.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400433458	WELL LOCATION PLAT
400433841	DIRECTIONAL DATA
400433842	DRILLING PLAN
400433843	DEVIATED DRILLING PLAN
400433844	TOPO MAP

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)