

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:

400460014

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) 495-6780
City: DENVER State: CO Zip: 80290

5. API Number 05-123-36130-00 6. County: WELD
7. Well Name: Razor Well Number: 27-3414H
8. Location: QtrQtr: NWSW Section: 27 Township: 10N Range: 58W Meridian: 6
Footage at surface: Distance: 2322 feet Direction: FSL Distance: 660 feet Direction: FWL
As Drilled Latitude: 40.808536 As Drilled Longitude: -103.858364

GPS Data:

Data of Measurement: 04/27/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Dallas Nelson

** If directional footage at Top of Prod. Zone Dist.: 1680 feet. Direction: FSL Dist.: 664 feet. Direction: FWL
Sec: 27 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 670 feet. Direction: FSL Dist.: 677 feet. Direction: FWL
Sec: 34 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) 01/01/2013 13. Date TD: 01/12/2013 14. Date Casing Set or D&A: 01/13/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12390 TVD** 5713 17 Plug Back Total Depth MD 12390 TVD** 5713

18. Elevations GR 4755 KB 4772

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, Caliper, RCB

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	1,550	719	0	1,550	CALC
1ST	8+3/4	7	29	0	6,102	420	99	6,102	CBL
1ST LINER	6	4+1/2	11.6	5011	12,380				

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	1,443		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,315		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,678		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,691		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As drilled GPS data will be submitted via Form 4 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 Tobin

Title: Engineer Tech Date: _____ Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400460079	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"/>
Other Attachments			
400460048	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460055	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460065	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460070	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460073	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460076	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460081	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460085	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)