

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:

400481706

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 05-123-36418-00

6. County: WELD

7. Well Name: Razor

Well Number: 25-2514H

8. Location: QtrQtr: NWNW Section: 25 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 314 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.816119 As Drilled Longitude: -103.820408

GPS Data:

Date of Measurement: 07/31/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 314 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 25 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 314 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 25 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) 03/03/2013 13. Date TD: 03/18/2013 14. Date Casing Set or D&A: 03/24/2013

15. Well Classification:

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

16. Total Depth MD 6368 TVD** 6367 17 Plug Back Total Depth MD 5443 TVD** 5442

18. Elevations GR 4762 KB 4779

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:

PEX, Triple Combo, Caliper, CV, IAW/LC, Micro, GR, BHCS, CS/LD, 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	1,560	719	0	1,560	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		154	5,443	5,951
	OPEN HOLE		214	4,853	5,446

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	1,383		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,291		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,545		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,549		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well cored 5529' to TD, no actual survey is available to TD. I have attached the Gyro survey that goes to 6282' along with the final directional survey to 5529'.

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: Eng'r Tech

Date:

Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400481738	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486317	Core Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486367	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>					
400486365	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400494968	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498918	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498920	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498929	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498930	PDF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498931	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498932	PDF-MICROLOG	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498933	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498938	PDF-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498942	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498943	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)