

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:

07/30/2013

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  
2. Name of Operator: WHITING OIL AND GAS CORPORATION  
3. Address: 1700 BROADWAY STE 2300  
City: DENVER State: CO Zip: 80290  
4. Contact Name: Pauleen Tobin  
Phone: (303) 837-1661  
Fax: (303) 495-6780

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: 40.808531 As Drilled Longitude: -103.858376

GPS Data:

Data of Measurement: 01/22/2013 PDOP Reading: 1.5 GPS Instrument Operator's Name: Larry Brown

\*\* 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: 7/30/2013 Email: pollyt@whiting.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400460079	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400460081	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"/>
<b>Other Attachments</b>			
400460014	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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"/>
400460085	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Directional template uploaded successfully.	9/18/2013 9:50:52 AM
Permit	Per operator input GPS information and deleted duplicate form 5. Waiting on map to refresh GPS information.	8/27/2013 8:39:59 AM
Permit	On hold. Requested as built GPS information and what to do with other submitted form 5.	8/27/2013 6:59:49 AM

Total: 3 comment(s)