

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:

400507875

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 05-123-36123-00

6. County: WELD

7. Well Name: Wildhorse

Well Number: 18-1834H

8. Location: QtrQtr: NWNE Section: 18 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 320 feet Direction: FNL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 40.756967 As Drilled Longitude: -104.018808

## GPS Data:

Date of Measurement: 08/19/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Loren Shanks

\*\* If directional footage at Top of Prod. Zone Dist.: 906 feet. Direction: FNL Dist.: 1983 feet. Direction: FEL

Sec: 18 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 689 feet. Direction: FSL Dist.: 1981 feet. Direction: FEL

Sec: 18 Twp: 9n Rng: 59w

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC-067758

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2013 13. Date TD: 08/05/2013 14. Date Casing Set or D&amp;A: 08/06/2013

## 15. Well Classification:

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

16. Total Depth MD 10372 TVD\*\* 6297 17 Plug Back Total Depth MD 10372 TVD\*\* 6297

18. Elevations GR 5041 KB 5058

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, RCBL

## 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
CONDUCTOR	20	16	65	0	97		0	97	CALC
SURF	13+1/2	9+5/8	36	0	1,852	860	0	1,852	CALC
1ST	8+3/4	7	29	0	6,635	459	32	6,635	CBL
1ST LINER	6	4+1/2	11.6	5555	10,372	316	5,555	10,372	CBL

### 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	934		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,165		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Missing As Drilled GPS data. Will file missing data via fm 4.

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 ?			
<u>Attachment Checklist</u>					
400507892	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400507897	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>					
400507887	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400507889	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400507890	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400507898	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)