

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:

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&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: Egnineer 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)