

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:

400507915

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 05-123-37495-00

6. County: WELD

7. Well Name: Razor

Well Number: 26J-2633L

8. Location: QtrQtr: NWSE Section: 26 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2251 feet Direction: FSL Distance: 2047 feet Direction: FEL

As Drilled Latitude: 40.808551 As Drilled Longitude: -103.829968

GPS Data:

Date of Measurement: 09/16/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Larry Brown

** If directional footage at Top of Prod. Zone Dist.: 1988 feet. Direction: FSL Dist.: 1959 feet. Direction: FEL

Sec: 26 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1938 feet. Direction: FSL Dist.: 2013 feet. Direction: FEL

Sec: 26 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) 07/23/2013 13. Date TD: 08/04/2013 14. Date Casing Set or D&A: 08/10/2013

15. Well Classification:

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

16. Total Depth MD 9422 TVD** 9412 17 Plug Back Total Depth MD 9422 TVD** 9412

18. Elevations GR 4728 KB 4745

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, Triple Combo, Resistivity, FMI, 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	24	16	75	0	80		0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,600	742	0	1,600	VISU
1ST	8+3/4	5+1/2	17	0	9,404	1,263	150	9,404	CALC

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	1,607		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,270		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,565		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,568		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SKULL CREEK	6,508		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
DAKOTA	6,695		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MORRISON	6,791		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ENTRADA	6,976		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
LYONS	7,538		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AMAZON	7,905		<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	8,263		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	9,035		<input type="checkbox"/>	<input type="checkbox"/>	
PRECAMBRIAN	9,279		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No LWD w/GR log run on this well.

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>					
400507962	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551227	Core Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400507965	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>					
400507915	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400507938	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400507964	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551568	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551572	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551574	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551576	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551582	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551597	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400551609	PDS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)