

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



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Document Number:

400513100

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 05-123-37748-00

6. County: WELD

7. Well Name: Razor

Well Number: 27K-3405A

8. Location: QtrQtr: NESW Section: 27 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2322 feet Direction: FSL Distance: 1914 feet Direction: FWL

As Drilled Latitude: 40.808594 As Drilled Longitude: -103.853833

GPS Data:

Date of Measurement: 03/20/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Troy Beasley

** If directional footage at Top of Prod. Zone Dist.: 1719 feet. Direction: FSL Dist.: 1727 feet. Direction: FWL

Sec: 27 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 625 feet. Direction: FSL Dist.: 1489 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) 08/09/2013 13. Date TD: 08/14/2013 14. Date Casing Set or D&A: 08/17/2013

15. Well Classification:

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

16. Total Depth MD 12414 TVD** 5638 17 Plug Back Total Depth MD 12414 TVD** 5638

18. Elevations GR 4750 KB 4766

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, CPD/CDN, AI, 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	75	0	97		0	97	CALC
SURF	13+1/2	9+5/8	36	0	1,594	763	0	1,594	CALC
1ST	8+3/4	7	29	0	6,010	432	66	6,010	CBL
1ST LINER	6	4+1/2	11.6	4860	12,404	316	4,860	12,404	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	
SHARON SPRINGS	5,813		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,832		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Missing As Drilled GPS data. Missing data will be filed 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>					
400513121	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400513125	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>					
400513104	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513105	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513107	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513108	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513109	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513110	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513111	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513112	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513115	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513118	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400513126	DIRECTIONAL DATA	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)