

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:

400513165

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 05-123-37708-00 6. County: WELD  
 7. Well Name: Razor Well Number: 27K-3406B  
 8. Location: QtrQtr: NESW Section: 27 Township: 10N Range: 58W Meridian: 6  
 Footage at surface: Distance: 2322 feet Direction: FSL Distance: 1947 feet Direction: FWL  
 As Drilled Latitude: 40.808588 As Drilled Longitude: -103.853713

GPS Data:

Date of Measurement: 01/14/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1402 feet. Direction: FSL Dist.: 1904 feet. Direction: FWL  
Sec: 27 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 631 feet. Direction: FSL Dist.: 1808 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) 08/18/2013 13. Date TD: 08/26/2013 14. Date Casing Set or D&A: 08/27/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12382 TVD\*\* 5705 17 Plug Back Total Depth MD 12382 TVD\*\* 5705

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:

LWD, 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	75	0	97		0	97	CALC
SURF	13+1/2	9+5/8	36	0	1,580	759	0	1,580	CALC
1ST	8+3/4	7	29	0	6,323	432	762	6,232	CBL
1ST LINER	6	4+1/2	11.6	4897	12,367	506	4,897	12,367	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	1,640		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,296		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,696		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,703		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 ?	
<b>Attachment Checklist</b>			
400513199	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400513206	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>			
400513188	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400513208	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
40052387	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
40052388	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
40052389	PDF-MUD	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)