

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:

400546297

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: Polly Tobin
 2. Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 390-4966
 3. Address: 1700 BROADWAY STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-37839-00 6. County: WELD
 7. Well Name: Razor Well Number: 21C-2805A
 8. Location: QtrQtr: NENW Section: 21 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 329 feet Direction: FNL Distance: 1947 feet Direction: FWL
 As Drilled Latitude: 40.830122 As Drilled Longitude: -103.873169

GPS Data:
Data of Measurement: 01/30/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 1162 feet. Direction: FNL Dist.: 1636 feet. Direction: FWL
 Sec: 21 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 2573 feet. Direction: FNL Dist.: 1573 feet. Direction: FWL
 Sec: 28 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) 12/22/2013 13. Date TD: 01/02/2014 14. Date Casing Set or D&A: 12/26/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12805 TVD** 5762 17 Plug Back Total Depth MD 12805 TVD** 5762

18. Elevations GR 4844 KB 4861 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, CBL, LWD

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	18+5/8	16	84	0	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,651	667	0	1,651	VISU
1ST	8+3/4	7	29	0	6,179	408	91	6,179	CBL
1ST LINER	6	4+1/2	11.6	5055	12,795	516	5,043	12,795	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	5,918		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,935		<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: Lara Murphy

Title: Engineering Tech Date: _____ Email: lara.murphy@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400546584	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400546583	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>			
400546577	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400546579	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400546588	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554998	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554999	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400555000	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400555005	LAS-CBL 1ST RUN	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)