

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:

400558375

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 05-123-36773-00 6. County: WELD  
 7. Well Name: RAZOR Well Number: 27K-3407A  
 8. Location: QtrQtr: NESW Section: 27 Township: 10N Range: 58W Meridian: 6  
 Footage at surface: Distance: 2321 feet Direction: FSL Distance: 1980 feet Direction: FWL  
 As Drilled Latitude: 40.808588 As Drilled Longitude: -103.853597

GPS Data:

Data of Measurement: 01/14/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Larry D. Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1486 feet. Direction: FSL Dist.: 2162 feet. Direction: FWL  
 Sec: 27 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 612 feet. Direction: FSL Dist.: 2241 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) 08/28/2013 13. Date TD: 09/05/2013 14. Date Casing Set or D&A: 09/06/2013

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

16. Total Depth MD 12402 TVD\*\* 5641 17 Plug Back Total Depth MD 12402 TVD\*\* 5641

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, CBL

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				CALC
SURF	13+1/2	9+5/8	36	0	1,577	667	0	1,577	CALC
1ST	8+3/4	7	29	0	6,250	414	156	6,250	CBL
1ST LINER	6	4+1/2	11.6	4778	12,402	502	4,778	12,402	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	1,450		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,312		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,573		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,784		<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>			
400564058	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400558400	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>			
400558392	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400558393	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400558395	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400558397	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400558399	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)