

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:

400562579

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: <u>96155</u>	4. Contact Name: <u>Pauleen Tobin</u>
2. Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>	Phone: <u>(303) 837-1661</u>
3. Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>(303) 495-6780</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	

5. API Number <u>05-123-37697-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>27K-3408B</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>27</u> Township: <u>10N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2321</u> feet Direction: <u>FSL</u> Distance: <u>2013</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.808588</u> As Drilled Longitude: <u>-103.853713</u>	

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 1648 feet. Direction: FSL Dist.: 2374 feet. Direction: FWL
Sec: 27 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 620 feet. Direction: FSL Dist.: 2508 feet. Direction: FWL
Sec: 34 Twp: 10N Rng: 58W

9. Field Name: <u>WILDCAT</u>	10. Field Number: <u>99999</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>09/07/2013</u>	13. Date TD: <u>09/13/2013</u>	14. Date Casing Set or D&A: <u>09/17/2013</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>12390</u> TVD** <u>5693</u>	17 Plug Back Total Depth MD <u>12390</u> TVD** <u>5693</u>
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18. Elevations GR <u>4750</u> KB <u>4766</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

Mud, LWD, 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	1,579	667	0	1,579	CALC
1ST	8+3/4	7	29	0	6,045	405	1,370	6,045	CBL
1ST LINER	6	4+1/2	11.6	4865	12,390	497	4,865	12,390	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	1,443		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,212		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,688		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,697		<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 ?	
Attachment Checklist			
400564114	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400562607	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"/>
Other Attachments			
400562594	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400562596	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400562598	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400562601	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400562606	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)