

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:

400567267

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 05-123-37841-00

6. County: WELD

7. Well Name: Razor

Well Number: 21C-2807A

8. Location: QtrQtr: NENW Section: 21 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 331 feet Direction: FNL Distance: 2013 feet Direction: FWL

As Drilled Latitude: 40.830123 As Drilled Longitude: -103.872931

GPS Data:

Date 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.: 1117 feet. Direction: FNL Dist.: 2160 feet. Direction: FWL

Sec: 21 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 2538 feet. Direction: FNL Dist.: 2152 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) 01/06/2014 13. Date TD: 01/17/2014 14. Date Casing Set or D&A: 01/18/2014

15. Well Classification:

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

16. Total Depth MD 12788 TVD\*\* 5758 17 Plug Back Total Depth MD 12788 TVD\*\* 5758

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:

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	18+5/8	16	84	0	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,619	667	0	1,619	VISU
1ST	8+3/4	7	29	0	6,125	420	71	6,125	CBL
1ST LINER	6	4+1/2	11.6	5102	12,778	525	5,102	12,778	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	1,437		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,332		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,635		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,644		<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 ?			
<u>Attachment Checklist</u>					
400567282	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400567279	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>					
400567273	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400567276	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400567277	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400567278	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400567285	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)