

**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:

400566270

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 05-123-37900-00

6. County: WELD

7. Well Name: Razor

Well Number: 271-3416B

8. Location: QtrQtr: NESE Section: 27 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2319 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.808703 As Drilled Longitude: -103.844057

## GPS Data:

Date of Measurement: 01/14/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1575 feet. Direction: FSL Dist.: 184 feet. Direction: FEL

Sec: 27 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 652 feet. Direction: FSL Dist.: 167 feet. Direction: FEL

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) 10/29/2013 13. Date TD: 11/07/2013 14. Date Casing Set or D&amp;A: 11/10/2013

## 15. Well Classification:

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

16. Total Depth MD 12360 TVD\*\* 5705 17 Plug Back Total Depth MD 12360 TVD\*\* 5705

18. Elevations GR 4757 KB 4773

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		0	97	VISU
SURF	13+1/2	6+5/8	36	0	1,600	688	0	1,600	VISU
1ST	8+3/4	7	29	0	6,084	404	87	6,084	CBL
1ST LINER	6	4+1/2	11.6	4956	12,340	500	4,956	12,340	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	1,399		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,199		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,671		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,682		<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>					
400566295	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400566298	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>					
400566288	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400566290	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400566291	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400566293	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400566300	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)