

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:

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:
Data 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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

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

Total: 0 comment(s)