

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:

400587099

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: Elvera Berryman

2. Name of Operator: WHITING OIL AND GAS CORPORATION

Phone: (303) 390-4221

3. Address: 1700 BROADWAY STE 2300

Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

5. API Number 05-123-38531-00

6. County: WELD

7. Well Name: Razor

Well Number: 11E-0202B

8. Location: QtrQtr: SWNW Section: 11 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2321 feet Direction: FNL Distance: 822 feet Direction: FWL

As Drilled Latitude: 40.854204 As Drilled Longitude: -103.839388

GPS Data:

Data of Measurement: 04/23/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 1375 feet. Direction: FNL Dist.: 525 feet. Direction: FWL

Sec: 11 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 130 feet. Direction: FNL Dist.: 503 feet. Direction: FWL

Sec: 2 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) 02/21/2014 13. Date TD: 04/28/2014 14. Date Casing Set or D&A: 03/02/2014

15. Well Classification:

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

16. Total Depth MD 12996 TVD** 6004 17 Plug Back Total Depth MD 12996 TVD** 6004

18. Elevations GR 5002 KB 5019

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:

Caliper, Density, Induction, Triple Combo, 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	9+5/8	36	0	1,825	797	0	1,825	VISU
1ST	8+3/4	7	29	0	6,425	426	1,048	6,425	CBL
1ST LINER	6	4+1/2	11.60	5345	12,983	720	5,348	12,983	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	1,610		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,480		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,953		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,967		<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: Elvera Berryman

Title: Engineering Technician

Date: _____

Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400587786	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400587785	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>					
400587720	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587723	PDF-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587729	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587739	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587744	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587747	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587749	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587750	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587758	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400587801	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)