

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:
400622810

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: Crissy Venturo
 2. Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 802-8289
 3. Address: 1700 BROADWAY STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-37875-00 6. County: WELD
 7. Well Name: Razor Well Number: 26K-2305A
 8. Location: QtrQtr: NESW Section: 26 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2448 feet Direction: FSL Distance: 1982 feet Direction: FWL
 As Drilled Latitude: 40.809096 As Drilled Longitude: -103.834526

GPS Data:
 Date of Measurement: 04/23/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2120 feet. Direction: FNL Dist.: 1602 feet. Direction: FWL
 Sec: 26 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 2021 feet. Direction: FNL Dist.: 1525 feet. Direction: FWL
 Sec: 26 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) 03/03/2014 13. Date TD: 03/05/2014 14. Date Casing Set or D&A: _____

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6017 TVD** 5649 17 Plug Back Total Depth MD 4700 TVD** 4676

18. Elevations GR 4738 KB 4759 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:
 The CBL will be submitted with the Form 5 for the -01 wellbore.

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	24	16	75	0	80			80	VISU
SURF	13+1/2	9+5/8	36	0	1,500	635	0	1,518	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	OPEN HOLE	6,000	280	5,300	6,000
RETAINER	OPEN HOLE	5,300	300	4,700	5,300
RETAINER	OPEN HOLE	5,400	350	4,700	5,400

Details of work:

First Cement Plug - Set from 5300' to 6000' using 280 sacks, Density = 15.8 lb/gal, Volume Pumped = 57 (bbl)
 Kick Off Plug - Set from 4700' to 5300' using 300 sacks, Density = 17.5 lb/gal, Volume Pumped = 50 (bbl)
 Third Cement Plug - Set from 4700' to 5400' using 350 sacks, Density = 17.5 lb/gal, Volume Pumped = 57.97 (bbl)

Please note that two kick off plugs were set because the rig could not kick off the first plug.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being submitted for the original wellbore. While drilling the subject well, Whiting landed 50' low of their horizontal target due to not getting design build rates. On 3/5/2014 Whiting received verbal approval from Diana Burn to plug back the wellbore. Whiting plugged back and set a kick off cement plug to land the curve at the desired TVD target and drill the lateral to the original BHL. Please note that two kick off plugs were set because the rig could not kick off the first plug.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Crissy Venturo

Title: Permit Representative Date: _____ Email: crissy.venturo@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400629646	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400629766	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400629643	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)