

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:
400598049

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 05-123-38041-00 6. County: WELD
7. Well Name: Razor Federal Well Number: 26J-2311A
8. Location: QtrQtr: NWSE Section: 26 Township: 10N Range: 58W Meridian: 6
Footage at surface: Distance: 2326 feet Direction: FSL Distance: 1914 feet Direction: FEL
As Drilled Latitude: 40.808742 As Drilled Longitude: -103.829482

GPS Data:
Date of Measurement: 01/30/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 2112 feet. Direction: FNL Dist.: 1901 feet. Direction: FEL
Sec: 26 Twp: 10 Rng: 58
** If directional footage at Bottom Hole Dist.: 90 feet. Direction: FNL Dist.: 1773 feet. Direction: FEL
Sec: 23 Twp: 10 Rng: 58

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: COC075061

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2014 13. Date TD: 04/19/2014 14. Date Casing Set or D&A: 04/20/2014

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

16. Total Depth MD 13331 TVD** 5593 17 Plug Back Total Depth MD 13331 TVD** 5593

18. Elevations GR 4726 KB 4743
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, Note OH logs run on RAZOR 26J-2633L

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	84	0	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,560	455	0	1,560	VISU
1ST	8+3/4	7	29	0	6,001	790	70	6,001	CBL
1ST LINER	6	4+1/2	11.6	4933	13,321	518	4,933	13,321	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	1,691		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,513		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,714		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,730		<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: Engineer Tech

Date:

Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400627740	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400627924	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>			
400627731	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400627970	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628673	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628676	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628679	LAS-Measurement/Logging While Drilling	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)