

FORM
5Rev
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:

400598017

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 05-123-38045-00

6. County: WELD

7. Well Name: Razor Federal

Well Number: 26J-3512B

8. Location: QtrQtr: NWSE Section: 26 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2251 feet Direction: FSL Distance: 1915 feet Direction: FEL

As Drilled Latitude: 40.808550 As Drilled Longitude: -103.829501

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.: 1442 feet. Direction: FSL Dist.: 1436 feet. Direction: FEL

Sec: 26 Twp: 10 Rng: 58

** If directional footage at Bottom Hole Dist.: 638 feet. Direction: FSL Dist.: 1486 feet. Direction: FEL

Sec: 35 Twp: 10 Rng: 58

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC075023

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2014 13. Date TD: 04/06/2014 14. Date Casing Set or D&A: 04/07/2014

15. Well Classification:

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

16. Total Depth MD 12334 TVD** 5671 17 Plug Back Total Depth MD 12334 TVD** 5671

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	1,562	435	0	1,562	VISU
1ST	8+3/4	7	29	0	6,186	779	594	6,186	CBL
1ST LINER	6	4+1/2	11.60	4933	12,325	460	4,900	12,325	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	5,692		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,698		<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>			
400628060	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400628067	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>			
400598264	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628040	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628073	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628775	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628776	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)