

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



DE ET OE ES

Document Number:
400618552

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
2. Name of Operator: WHITING OIL AND GAS CORPORATION
3. Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290
4. Contact Name: Elvera Berryman
Phone: (303) 390-4221
Fax: (303) 390-1598

5. API Number 05-123-38345-00
6. County: WELD
7. Well Name: Razor Federal
Well Number: 26J-3509A
8. Location: QtrQtr: NWSE Section: 26 Township: 10N Range: 58W Meridian: 6
Footage at surface: Distance: 2326 feet Direction: FSL Distance: 2013 feet Direction: FEL
As Drilled Latitude: 40.808744 As Drilled Longitude: -103.829840

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.: 1561 feet. Direction: FSL Dist.: 2307 feet. Direction: FEL
Sec: 26 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 577 feet. Direction: FSL Dist.: 2317 feet. Direction: FEL
Sec: 35 Twp: 10N Rng: 58W

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) 05/19/2014 13. Date TD: 05/26/2014 14. Date Casing Set or D&A: 05/28/2014

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

16. Total Depth MD 12310 TVD** 5593 17 Plug Back Total Depth MD 12310 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	1,549	465	0	1,549	VISU
1ST	8+3/4	7	29	0	5,998	816	0	5,998	CBL
1ST LINER	6+1/8	4+1/2	11.60	4862	12,300	500	4,862	12,300	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	5,758		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,772		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well drilled 23' passed 600' setback. Form 5A will be submitted documenting that the bottom 57' of wellbore will not produce.

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>			
400627941	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400643372	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>			
400627935	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628703	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628705	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400628710	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400643375	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)