

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.

Document Number:
400664478

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 96155 Contact Name: Pauleen Tobin

Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 837-1661

Address: 1700 BROADWAY STE 2300 Fax: _____

City: DENVER State: CO Zip: 80290

API Number 05-123-38488-00 County: WELD

Well Name: Razor Well Number: 261-2316B

Location: QtrQtr: NESE Section: 26 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2167 feet Direction: FSL Distance: 663 feet Direction: FEL

As Drilled Latitude: 40.808318 As Drilled Longitude: -103.824976

GPS Data:
Date of Measurement: 04/09/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2510 feet. Direction: FSL Dist.: 264 feet. Direction: FEL
Sec: 26 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 104 feet. Direction: FNL Dist.: 164 feet. Direction: FEL
Sec: 23 Twp: 10N Rng: 58W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/07/2014 Date TD: 05/16/2014 Date Casing Set or D&A: 05/20/2014

Rig Release Date: 05/21/2014 Per Rule 308A.b.

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

Total Depth MD 13711 TVD** 5633 Plug Back Total Depth MD 13711 TVD** 5633

Elevations GR 4711 KB 4732 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Caliper, AI, Quicklook, CPD/CDN, MD/SGR, LWD, MUD, CBL

CASING, LINER AND CEMENT

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	65	0	80		0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,566	665	0	1,566	VISU
1ST	8+1/2	7	29	0	6,031	655	172	6,031	CBL
1ST LINER	6+1/8	4+1/2	11.6	5004	13,700	705	5,004	13,700	VISU

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,670		NO	NO	
HYGIENE	3,312		NO	NO	
SHARON SPRINGS	5,628		NO	NO	
NIOBRARA	5,636		NO	NO	

Comment:

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

Signed: _____

Print Name: Pauleen Tobin

Title: Engineer Tech

Date: _____

Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400664553	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400664555	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"/>
Other Attachments			
400664492	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664548	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664550	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664551	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664575	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709330	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709332	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709334	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709347	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709369	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709386	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709389	LAS-INDUCTION	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)