

DRILLING COMPLETION REPORT

Document Number:
400711873

Date Received:

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

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 05-123-38487-00 County: WELD
 Well Name: Razor Federal Well Number: 261-3514B
 Location: QtrQtr: NESE Section: 26 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2167 feet Direction: FSL Distance: 696 feet Direction: FEL
 As Drilled Latitude: 40.808316 As Drilled Longitude: -103.825088

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.: 898 feet. Direction: FNL Dist.: 967 feet. Direction: FEL
 Sec: 26 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 611 feet. Direction: FSL Dist.: 828 feet. Direction: FEL
 Sec: 35 Twp: 10N Rng: 58W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: COC075023

Spud Date: (when the 1st bit hit the dirt) 06/26/2014 Date TD: 07/03/2014 Date Casing Set or D&A: 07/08/2014
 Rig Release Date: 07/08/2014 Per Rule 308A.b.

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

Total Depth MD 12475 TVD** 5675 Plug Back Total Depth MD 12475 TVD** 5675
 Elevations GR 4764 KB 4785 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, LWD, RCBL Note: OH logs run on Razor 261-2316B

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	1,549	665	0	1,549	VISU
1ST	8+3/4	7	29	0	5,992	665	0	5,992	CBL
1ST LINER	6+1/8	4+1/2	11.6	4972	12,461				

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	1,441		NO	NO	
HYGIENE	3,223		NO	NO	
SHARON SPRINGS	5,683		NO	NO	
NIOBRARA	5,690		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			
400711893	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400711892	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			
400711885	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400711888	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400711890	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400711891	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400711895	DIRECTIONAL DATA	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)