

FORM
5
Rev
09/14

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:
400712020

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

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 05-123-39118-00 County: WELD
 Well Name: Razor Well Number: 25B-2551
 Location: QtrQtr: NWNE Section: 25 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 330 feet Direction: FNL Distance: 2030 feet Direction: FEL
 As Drilled Latitude: 40.816140 As Drilled Longitude: -103.810811

GPS Data:
 Date of Measurement: 06/17/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Larry Brown

** If directional footage at Top of Prod. Zone Dist.: 637 feet. Direction: FNL Dist.: 2485 feet. Direction: FEL
 Sec: 25 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 631 feet. Direction: FSL Dist.: 2386 feet. Direction: FEL
 Sec: 25 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) 07/11/2014 Date TD: 07/18/2014 Date Casing Set or D&A: 07/20/2014
 Rig Release Date: 07/21/2014 Per Rule 308A.b.

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

Total Depth MD 10245 TVD** 5834 Plug Back Total Depth MD 10245 TVD** 5834

Elevations GR 4756 KB 4773 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, LWD, RCBL NOTE OH logs run on Razor 25B-2549

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	20	16	75	0	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,524	667	0	1,524	VISU
1ST	8+3/4	7	29	0	6,199	408	44	6,199	CBL
1ST LINER	6	4+1/2	11.6	5126	10,225	412	5,126	10,225	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:

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	1,461		NO	NO	
HYGIENE	3,281		NO	NO	
SHARON SPRINGS	5,582		NO	NO	
NIOBRARA	5,587		NO	NO	
FORT HAYS	6,068		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 ?	
<u>Attachment Checklist</u>			
400712093	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400712091	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>			
400712076	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712087	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712088	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712089	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712090	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712096	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)