

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:
400704078

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 96155 Contact Name: Elvera Berryman

Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 390-4221

Address: 1700 BROADWAY STE 2300 Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

API Number 05-123-39383-00 County: WELD

Well Name: Horsetail Well Number: 02D-0204

Location: QtrQtr: Lot 4 Section: 2 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 750 feet Direction: FWL

As Drilled Latitude: 40.874792 As Drilled Longitude: -103.725242

GPS Data:
Date of Measurement: 10/22/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 768 feet. Direction: FNL Dist.: 1149 feet. Direction: FWL
Sec: 2 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 626 feet. Direction: FSL Dist.: 1149 feet. Direction: FWL
Sec: 2 Twp: 10N Rng: 57W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/07/2014 Date TD: 10/13/2014 Date Casing Set or D&A: 10/15/2014

Rig Release Date: 10/16/2014 Per Rule 308A.b.

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

Total Depth MD 9948 TVD** 5567 Plug Back Total Depth MD 9948 TVD** 5567

Elevations GR 4778 KB 4797 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
LWD, MUD, CBL, Neutron logs, Caliper, Density, Induction, Triple Combo, Spectral Gamma.

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	19+1/4	16	42.09	0	109		0	109	VISU
SURF	13+1/2	9+5/8	36.00	0	1,738	740	0	1,738	VISU
1ST	8+3/4	7	29.00	0	6,028	655	680	6,028	CBL
1ST LINER	6	4+1/2	11.60	4829	9,938	375	4,829	9,938	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	1,520		NO	NO	
HYGIENE	3,330		NO	NO	
SHARON SPRINGS	5,413		NO	NO	
NIOBRARA	5,421		NO	NO	

Comment:

Well drilled 26' passed 600' setback. Form 5A will be submitted documenting that the bottom 48' of wellbore will not produce. Float Collar is a 9900. Cement fills the hole from 9900 to TD.

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 ?	
Attachment Checklist			
400709154	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400708467	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			
400708464	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709586	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709588	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709592	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709600	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709608	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709622	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709640	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709688	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709763	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722870	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722872	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722876	LAS-NEUTRON	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)