

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:
400664149

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 & GAS CORPORATION Phone: (303) 837-1661
 Address: 1700 BROADWAY STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80290

API Number 05-123-38485-00 County: WELD
 Well Name: RAZOR Well Number: 26I-2313A
 Location: QtrQtr: NESE Section: 26 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2242 feet Direction: FSL Distance: 695 feet Direction: FEL
 As Drilled Latitude: 40.808522 As Drilled Longitude: -103.825093

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.: 2430 feet. Direction: FNL Dist.: 1176 feet. Direction: FEL
 Sec: 26 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 112 feet. Direction: FNL Dist.: 1164 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) 05/25/2014 Date TD: 06/04/2014 Date Casing Set or D&A: 06/06/2014
 Rig Release Date: 06/07/2014 Per Rule 308A.b.

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

Total Depth MD 13785 TVD** 5541 Plug Back Total Depth MD 13785 TVD** 5541

Elevations GR 4717 KB 4738 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
LWD, MUD, CBL NOTE: OH logs run on Razor 26I-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	1,555	665	0	1,555	VISU
1ST	8+3/4	7	29	0	6,131	665	114	6,131	CBL
1ST LINER	6+1/8	4+1/2	11.6	4821	13,738	585	4,821	13,738	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	
HYGIENE	1,670		NO	NO	
NIOBRARA	3,312		NO	NO	
PIERRE	5,534		NO	NO	
SHARON SPRINGS	5,539		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			
400664427	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400664429	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			
400664182	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664332	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664341	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664433	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675436	PDF-MEASUREMENT/LOGGING WHILE DRILLING	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)