

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:
400720189

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: 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 05-123-38804-00 County: WELD
Well Name: Horsetail Well Number: 29G-2012B
Location: QtrQtr: SWNE Section: 29 Township: 10N Range: 57W Meridian: 6
Footage at surface: Distance: 2328 feet Direction: FNL Distance: 1888 feet Direction: FEL
As Drilled Latitude: 40.810700 As Drilled Longitude: -103.772167

GPS Data:
Date of Measurement: 11/17/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2513 feet. Direction: FNL Dist.: 1561 feet. Direction: FEL
Sec: 29 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 111 feet. Direction: FNL Dist.: 1468 feet. Direction: FEL
Sec: 20 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) 10/19/2014 Date TD: 10/26/2014 Date Casing Set or D&A: 10/28/2014
Rig Release Date: 10/30/2014 Per Rule 308A.b.

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

Total Depth MD 13700 TVD** 5502 Plug Back Total Depth MD 13700 TVD** 5502

Elevations GR 4694 KB 4713 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
LWD, MUD, CBL, TRIPLE COMBO LOGS, CALIPER, DENSITY, INDUCTION, QUICKLOOK TRIPLE COMBO, SPECTRAL GAMMA, PDN.

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	42.09	0	109		0	109	VISU
SURF	13+1/2	9+5/8	36	0	1,641	700	0	1,641	VISU
1ST	8+3/4	7	29	0	5,981	655	28	5,981	CBL
1ST LINER	6	4+1/2	11.60	5055	13,693	580	5,055	13,693	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	1,525		NO	NO	
HYGIENE	3,565		NO	NO	
SHARON SPRINGS	5,397		NO	NO	
NIOBRARA	5,404		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: Elvera Berryman

Title: Engineer Tech Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400720201	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400730367	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			
400730353	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730416	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730520	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730523	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730524	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730557	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730566	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730592	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730606	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730612	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733197	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733201	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733785	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733786	PDF-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)