

**DRILLING COMPLETION REPORT**

Document Number:  
400737473

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

API Number 05-123-38064-00 County: WELD  
 Well Name: Razor Well Number: 27J-3409A  
 Location: QtrQtr: NWSE Section: 27 Township: 10N Range: 58W Meridian: 6  
 Footage at surface: Distance: 2320 feet Direction: FSL Distance: 2013 feet Direction: FEL  
 As Drilled Latitude: 40.808646 As Drilled Longitude: -103.848943

GPS Data:  
 Date of Measurement: 01/14/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 2259 feet. Direction: FSL Dist.: 2367 feet. Direction: FEL  
 Sec: 27 Twp: 10N Rng: 58W  
 \*\* If directional footage at Bottom Hole Dist.: 606 feet. Direction: FSL Dist.: 2483 feet. Direction: FEL  
 Sec: 27 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) 09/20/2014 Date TD: 09/30/2014 Date Casing Set or D&A: 09/23/2014  
 Rig Release Date: 09/30/2014 Per Rule 308A.b.

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

Total Depth MD 13113 TVD\*\* 5639 Plug Back Total Depth MD 13113 TVD\*\* 5639  
 Elevations GR 4764 KB 4785 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
LWD, MUD

**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	1,590	710	0	1,590	VISU
1ST	8+3/4	7	29	0	6,154	670		6,154	CBL

## 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	

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 ?	
<b>Attachment Checklist</b>			
400737510	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400737520	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"/>
<b>Other Attachments</b>			
400737505	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737506	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737507	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737508	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737522	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)