

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400696532

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 &amp; GAS CORPORATION

Phone: (303) 390-4221

Address: 1700 BROADWAY STE 2300

Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

API Number 05-123-38741-00

County: WELD

Well Name: Horsetail

Well Number: 30F-1944

Location: QtrQtr: SENW Section: 30 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 2323 feet Direction: FNL Distance: 1950 feet Direction: FWL

As Drilled Latitude: 40.810687 As Drilled Longitude: -103.796355

## GPS Data:

Date of Measurement: 04/23/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 2296 feet. Direction: FNL Dist.: 1755 feet. Direction: FWL

Sec: 30 Twp: 10N Rng: 57W

\*\* If directional footage at Bottom Hole Dist.: 50 feet. Direction: FNL Dist.: 1803 feet. Direction: FWL

Sec: 19 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) 09/18/2014 Date TD: 09/26/2014 Date Casing Set or D&amp;A: 09/29/2014

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 13684 TVD\*\* 5627 Plug Back Total Depth MD 13684 TVD\*\* 5627

Elevations GR 4783 KB 4800 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

LWD, MUD, CBL, CALIPER, DENSITY, INDUCTION, TRIPLE COMBO, GAMMA. Note Open Hole Logging Exception (Form 4 Doc. Number# 400641400) for the HORSETAIL 30F pad wells approved on 7/21/2014. The cased hole neutron and gamma ray log run on the Horsetail 30F-1948.

## 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	84	0	90		0	90	VISU
SURF	13+1/2	9+5/8	36	0	1,583	456	0	1,583	VISU
1ST	8+3/4	7	29	0	6,136	795	0	6,136	CBL
1ST LINER	6	4+1/2	11.60	4978	13,679	545	4,978	13,679	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	1,435		NO	NO	
HYGIENE	3,182		NO	NO	
SHARON SPRINGS	5,527		NO	NO	
NIOBRARA	5,530		NO	NO	

Comment:

Well drilled 50' passed 100' setback. Form 5A will be submitted documenting that the bottom 51' of wellbore will not produce. Landing Collar is a 1363. Cement fills the hole from 13633 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 ?	
<u>Attachment Checklist</u>			
400696564	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400703426	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>			
400703425	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709054	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709057	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709062	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709063	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709068	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709070	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709072	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709074	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709079	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742115	PDF-CBL 3RD RUN	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)