

**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:  
400730440

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 05-123-38063-00 County: WELD  
 Well Name: Razor Well Number: 27J-3412B  
 Location: QtrQtr: NWSE Section: 27 Township: 10N Range: 58W Meridian: 6  
 Footage at surface: Distance: 2244 feet Direction: FSL Distance: 1915 feet Direction: FEL  
 As Drilled Latitude: 40.808447 As Drilled Longitude: -103.848596

GPS Data:  
 Date of Measurement: 10/22/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 2662 feet. Direction: FSL Dist.: 1464 feet. Direction: FEL  
 Sec: 27 Twp: 10N Rng: 58W  
 \*\* If directional footage at Bottom Hole Dist.: 548 feet. Direction: FSL Dist.: 1496 feet. Direction: FEL  
 Sec: 34 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) 07/26/2014 Date TD: 08/04/2014 Date Casing Set or D&A: 08/06/2014  
 Rig Release Date: 08/06/2014 Per Rule 308A.b.

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

Total Depth MD 13500 TVD\*\* 5728 Plug Back Total Depth MD 13500 TVD\*\* 5728

Elevations GR 4735 KB 4751 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
LWD, MUD, CBL NOTE: Logging waiver ; Neutron log run on Razor 27J-2212B

**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	1,606	680	0	1,606	VISU
1ST	8+3/4	7	29	0	6,062	675	140	6,062	CBL
1ST LINER	6+1/8	4+1/2	11.6	5224	13,480	550	5,224	13,480	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	1,446		NO	NO	
HYGIENE	3,242		NO	NO	
SHARON SPRINGS	5,728		NO	NO	
NIOBRARA	5,734		NO	NO	

Comment:

Well drilled 52' passed 600' setback. Form 5A will be submitted documenting that the bottom 67.5' of wellbore will not produce. Float Collar is at 13432.5'. Cement fills the hole from 13432.5' 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: Pauleen Tobin

Title: Engineer Tech

Date: \_\_\_\_\_

Email: pollyt@whiting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400730476	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400730473	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>			
400730456	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730460	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730465	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730491	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733795	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)