

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



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| DE | ET | OE | ES |
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Document Number:

400424274

Date Received:

07/25/2013

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: (303) 495-6780

City: DENVER State: CO Zip: 80290

API Number 05-123-36127-00

County: WELD

Well Name: Wildhorse

Well Number: 18-1844H

Location: QtrQtr: NENE Section: 18 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 320 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.756884 As Drilled Longitude: -104.014032

GPS Data:

Date of Measurement: 07/31/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 924 feet. Direction: FNL Dist.: 639 feet. Direction: FEL

Sec: 18 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 687 feet. Direction: FSL Dist.: 626 feet. Direction: FEL

Sec: 18 Twp: 9N Rng: 59W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: COC-067758

Spud Date: (when the 1st bit hit the dirt) 02/05/2013 Date TD: 02/14/2013 Date Casing Set or D&A: 02/14/2013

Rig Release Date: Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 10333 TVD** 6274 Plug Back Total Depth MD 10333 TVD** 6274

Elevations GR 5026 KB 5043 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, RCBL, CIL

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 | 1,820 | 860 | 0 | 1,820 | CALC |
| 1ST | 8+3/4 | 7 | 29 | 0 | 6,620 | 456 | 450 | 6,620 | CBL |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 5529 | 10,323 | | | | |

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 | 1,723 | | NO | NO | |
| HYGIENE | 3,556 | | NO | NO | |
| SHARON SPRINGS | 6,193 | | NO | NO | |
| NIOBRARA | 6,203 | | 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: 7/25/2013

Email: pollyt@whiting.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 400429317 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400424345 | 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> | | |
| 400424274 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400424342 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400438394 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400447516 | LAS-CALIPER | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400447522 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400456256 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400456257 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400456258 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400769250 | WELLBORE DIAGRAM | 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)