

**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.

Document Number:  
400424274

Date Received:  
07/25/2013

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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)