

**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:  
400644336

Date Received:

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 96155 Contact Name: Elvera Berryman

Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 390-4221

Address: 1700 BROADWAY STE 2300 Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

API Number 05-123-39202-00 County: WELD

Well Name: Horsetail Well Number: 30F-3105

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

Footage at surface: Distance: 2373 feet Direction: FNL Distance: 1979 feet Direction: FWL

As Drilled Latitude: 40.810549 As Drilled Longitude: -103.796248

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.: 315 feet. Direction: FNL Dist.: 1698 feet. Direction: FWL  
Sec: 30 Twp: 10N Rng: 57W

\*\* If directional footage at Bottom Hole Dist.: 638 feet. Direction: FSL Dist.: 1586 feet. Direction: FWL  
Sec: 31 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) 06/28/2014 Date TD: 07/09/2014 Date Casing Set or D&A: 07/11/2014

Rig Release Date: 07/12/2014 Per Rule 308A.b.

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

Total Depth MD 13013 TVD\*\* 5577 Plug Back Total Depth MD 13013 TVD\*\* 5577

Elevations GR 4780 KB 4797 **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 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	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,588	475	0	1,588	VISU
1ST	8+3/4	7	29	0	5,972	794	72	5,972	CBL
1ST LINER	6+1/8	4+1/2	11.60	4892	13,001	500	4,892	13,001	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	1,455		NO	NO	
HYGIENE	3,183		NO	NO	
SHARON SPRINGS	5,784		NO	NO	
NIOBRARA	5,790		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: Elvera Berryman

Title: Engineer Tech

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

Email: elvera.berryman@whiting.com

## Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400644344	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400773927	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>			
400710508	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400710509	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400710512	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752691	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782046	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)