

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400784559

Date Received:
04/01/2015

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 & GAS CORPORATION Phone: (303) 390-4221
 Address: 1700 BROADWAY STE 2300 Fax: (303) 390-1598
 City: DENVER State: CO Zip: 80290

API Number 05-123-38731-00 County: WELD
 Well Name: Razor Well Number: 11G-0209A
 Location: QtrQtr: SWNE Section: 11 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2321 feet Direction: FNL Distance: 1782 feet Direction: FEL
 As Drilled Latitude: 40.854249 As Drilled Longitude: -103.829665

GPS Data:
 Date of Measurement: 03/29/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 2461 feet. Direction: FNL Dist.: 2769 feet. Direction: FWL
 Sec: 11 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 600 feet. Direction: FNL Dist.: 2822 feet. Direction: FWL
 Sec: 2 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) 01/30/2015 Date TD: 02/06/2015 Date Casing Set or D&A: 02/09/2015
 Rig Release Date: 02/09/2015 Per Rule 308A.b.

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

Total Depth MD 13537 TVD** 5885 Plug Back Total Depth MD 13537 TVD** 5885
 Elevations GR 4973 KB 4990 **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 11G-1409A)

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	CALC
SURF	13+1/2	9+5/8	36	0	1,861	864	0	1,861	CALC
1ST	8+3/4	7	29	0	6,339	563	0	6,339	CBL
1ST LINER	6+1/8	4+1/2	11.60	5300	13,528			13,528	VISU

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	1,518		NO	NO	
HYGIENE	3,818		NO	NO	
SHARON SPRINGS	5,798		NO	NO	
NIOBRARA	5,806		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@whiting.c

Title: Engineering Technician Date: 4/1/2015 Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400789295	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400799313	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"/>
Other Attachments			
400784559	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400792725	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796037	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796041	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796042	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796043	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400818869	LAS-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400818870	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>
Permit	Returned to draft at operator's request.	4/6/2015 12:19:07 PM

Total: 1 comment(s)