

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:
400833842

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 05-123-38601-00 County: WELD
 Well Name: Razor Well Number: 11H-1415A
 Location: QtrQtr: SENE Section: 11 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2165 feet Direction: FNL Distance: 395 feet Direction: FEL
 As Drilled Latitude: 40.854702 As Drilled Longitude: -103.824651

GPS Data:
 Date of Measurement: 01/22/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2413 feet. Direction: FSL Dist.: 396 feet. Direction: FEL
 Sec: 11 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 108 feet. Direction: FSL Dist.: 499 feet. Direction: FEL
 Sec: 14 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) 03/23/2015 Date TD: 03/30/2015 Date Casing Set or D&A: 04/01/2015
 Rig Release Date: 04/02/2015 Per Rule 308A.b.

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

Total Depth MD 13825 TVD** 5823 Plug Back Total Depth MD 13825 TVD** 5823

Elevations GR 4954 KB 4975 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
LWD, MUD, RCBL-Log waiver (Neutron log filed on Razor 11H-0215A)

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	1,830	590	0	1,830	VISU
1ST	8+3/4	7	29	0	6,216	585	0	6,216	CBL
1ST LINER	6+1/8	4+1/2	11.6	5082	13,813	678	5,082	13,813	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	1,504		NO	NO	
HYGIENE	3,804		NO	NO	
SHARON SPRINGS	5,784		NO	NO	
NIOBRARA	5,788		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: _____

Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400834796	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400834795	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			
400834786	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400834787	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400834788	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400834789	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400834794	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400834800	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)