

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



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Document Number:
400961108

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: 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 05-123-41646-00 County: WELD
 Well Name: Horsetail Well Number: 07E-1836
 Location: QtrQtr: Lot 2 Section: 7 Township: 10N Range: 57W Meridian: 6
 Footage at surface: Distance: 2459 feet Direction: FNL Distance: 860 feet Direction: FWL
 As Drilled Latitude: 40.853954 As Drilled Longitude: -103.800930

GPS Data:
 Date of Measurement: 11/24/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 2550 feet. Direction: FSL Dist.: 1025 feet. Direction: FWL
 Sec: 7 Twp: 10N Rng: 57W
 ** If directional footage at Bottom Hole Dist.: 58 feet. Direction: FSL Dist.: 979 feet. Direction: FWL
 Sec: 18 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) 02/10/2016 Date TD: 02/15/2016 Date Casing Set or D&A: 02/15/2016
 Rig Release Date: 02/16/2016 Per Rule 308A.b.

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

Total Depth MD 14145 TVD** 5925 Plug Back Total Depth MD 14145 TVD** 5925

Elevations GR 4926 KB 4947 **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 07E-1802)

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	101		0	101	VISU
SURF	13+1/2	9+5/8	36	0	2,050	794	0	2,050	VISU
1ST	8+1/2	5+1/2	20	0	14,130	2,275	284	14,130	CBL

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	1,730		NO	NO	
HYGIENE	3,581		NO	NO	
SHARON SPRINGS	5,703		NO	NO	
NIOBRARA	5,709		NO	NO	

Comment:

Well drilled 42' passed 100' setback. Form 5A will be submitted documenting that the bottom 64' of wellbore will not produce. Float Collar is a 14081. Cement fills the hole from 14081 to TD.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Engineering Technician

Title: Elvera Berryman

Date: _____

Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400987973	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
400997073	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401003897	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011389	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011390	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011391	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011392	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011673	DIRECTIONAL DATA	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)