

FORM  
5Rev  
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:

401039219

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 &amp; GAS CORPORATION

Phone: (303) 4221

Address: 1700 BROADWAY STE 2300

Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

API Number 05-123-41445-00

County: WELD

Well Name: Horsetail

Well Number: 08D-1734

Location: QtrQtr: NWNW Section: 8 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 531 feet Direction: FWL

As Drilled Latitude: 40.859896 As Drilled Longitude: -103.783492

## GPS Data:

Date of Measurement: 04/11/2016 PDOP Reading: 1.8 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 874 feet. Direction: FNL Dist.: 478 feet. Direction: FWL

Sec: 8 Twp: 10N Rng: 57W

\*\* If directional footage at Bottom Hole Dist.: 25 feet. Direction: FSL Dist.: 320 feet. Direction: FWL

Sec: 17 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) 04/26/2016 Date TD: 04/30/2016 Date Casing Set or D&amp;A: 05/01/2016

Rig Release Date: 05/01/2016 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16165 TVD\*\* 5908 Plug Back Total Depth MD 16165 TVD\*\* 5908

Elevations GR 4962 KB 4983 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 08D-1704)

## 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	100	0	101	VISU
SURF	13+1/2	9+5/8	36	0	1,999	660	0	1,999	VISU
1ST LINER	8+1/2	5+1/2	20	0	16,152	2,790	62	16,152	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	3,565		NO	NO	
SHARON SPRINGS	5,716		NO	NO	
NIOBRARA	5,724		NO	NO	

Comment:

Well drilled 75' passed 100' setback. Form 5A will be submitted documenting that the bottom 108' of wellbore will not produce. Tartan Burst Sub is a 16,057'. Float Collar is a 16104.5. TD is a 16,165'. Cement fills the hole from 16,104.5' 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: Elvera Berryman

Title: Engineering Technician

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

Email: elvera.berryman@whiting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401039344	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401053117	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"/>
<u>Other Attachments</u>			
401039219	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401051689	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401053118	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401055639	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401055640	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401055641	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401055644	PDF-MUD	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)