

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:

401100149

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 05-123-42852-00

County: WELD

Well Name: Horsetail

Well Number: 08C-1707

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

Footage at surface: Distance: 380 feet Direction: FNL Distance: 2290 feet Direction: FWL

As Drilled Latitude: 40.859787 As Drilled Longitude: -103.777133

GPS Data:

Date of Measurement: 05/02/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 758 feet. Direction: FNL Dist.: 2300 feet. Direction: FWL

Sec: 8 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 88 feet. Direction: FSL Dist.: 2159 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) 05/19/2016 Date TD: 05/23/2016 Date Casing Set or D&A: 05/24/2016

Rig Release Date: 05/24/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15953 TVD** 5734 Plug Back Total Depth MD 15895 TVD** 5734

Elevations GR 4913 KB 4934

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, LWD, RCBL (Note: Neutron log run on Horsetail 08C-1708)

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	20	106.5	0	101	100	0	101	VISU
SURF	13+1/2	9+5/8	36	0	2,027	660	0	2,027	VISU
1ST	8+1/2	5+1/2	20	0	15,944	2,650	56	15,944	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	1,695		NO	NO	
HYGIENE	3,435		NO	NO	
SHARON SPRINGS	5,675		NO	NO	
NIOBRARA	5,686		NO	NO	

Comment:

Well drilled 12' passed 100' setback. Form 5A will be submitted documenting that the bottom 102.8' of wellbore will not produce. Tartan sub at 15850.2' (lowest completed interval), Float Collar is at 15894.8'. TPZ is estimated based on estimated location of lower Marker joint at 6185' and will be corrected to actual top perf on form 5a. Estimated date for well completion is 01/01/2018.

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 ?			
<u>Attachment Checklist</u>					
401100165	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401100168	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>					
401100157	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401100158	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401100159	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401100161	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401100162	PDF-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401100170	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)