

DRILLING COMPLETION REPORT

Document Number:
401138534

Date Received:

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 05-123-42878-00 County: WELD
 Well Name: Horsetail Well Number: 30E-1934
 Location: QtrQtr: Lot 2 Section: 30 Township: 10N Range: 57W Meridian: 6
 Footage at surface: Distance: 2323 feet Direction: FNL Distance: 570 feet Direction: FWL
 As Drilled Latitude: 40.810729 As Drilled Longitude: -103.801233

GPS Data:
 Date of Measurement: 09/09/2016 PDOP Reading: 2.2 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2553 feet. Direction: FNL Dist.: 287 feet. Direction: FWL
 Sec: 30 Twp: 10N Rng: 57W
 ** If directional footage at Bottom Hole Dist.: 84 feet. Direction: FNL Dist.: 287 feet. Direction: FWL
 Sec: 19 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) 10/27/2016 Date TD: 10/31/2016 Date Casing Set or D&A: 11/01/2016
 Rig Release Date: 11/02/2016 Per Rule 308A.b.

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

Total Depth MD 13965 TVD** 5800 Plug Back Total Depth MD 13917 TVD** 5802
 Elevations GR 4718 KB 4739 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, MUD, CBL

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	645	0	2,050	VISU
1ST	8+1/2	5+1/2	20	0	13,962	2,315	325	13,962	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	1,417		NO	NO	
HYGIENE	3,189		NO	NO	
SHARON SPRINGS	5,721		NO	NO	
NIOBRARA	5,730		NO	NO	

Comment:

Well drilled 16' past 100' setback. Form 5A will be submitted documenting that the bottom 89.2' of wellbore will not produce. Tartan sub at 13875.8' (lowest completed interval), Float Collar is at 13917.0'.
TPZ is estimated based on estimated location of lower Marker joint at 6193' 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 ?	
Attachment Checklist			
401138536	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401195861	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			
401195836	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401195842	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401195843	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401195845	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401195847	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401195862	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)