

DRILLING COMPLETION REPORT

Document Number:
401242467

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 05-123-41834-00 County: WELD
 Well Name: Horsetail Well Number: 07H-0646
 Location: QtrQtr: NESE Section: 7 Township: 10N Range: 57W Meridian: 6
 Footage at surface: Distance: 2633 feet Direction: FSL Distance: 630 feet Direction: FEL
 As Drilled Latitude: 40.853417 As Drilled Longitude: -103.787551

GPS Data:
 Date of Measurement: 04/11/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2517 feet. Direction: FNL Dist.: 976 feet. Direction: FEL
 Sec: 7 Twp: 10N Rng: 57W
 ** If directional footage at Bottom Hole Dist.: 591 feet. Direction: FNL Dist.: 979 feet. Direction: FEL
 Sec: 6 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) 02/12/2017 Date TD: 02/15/2017 Date Casing Set or D&A: 02/16/2017
 Rig Release Date: 02/22/2017 Per Rule 308A.b.

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

Total Depth MD 13570 TVD** 5940 Plug Back Total Depth MD 13509 TVD** 5942
 Elevations GR 4892 KB 4913 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, LWD, RCBL (Note: Neutron log run on Horsetail Fed 07G-0612)

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	2,061	645	0	2,061	VISU
1ST	8+1/2	5+1/2	20	0	13,557	2,330	32	13,557	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	5,706		NO	NO	
NIOBRARA	5,718		NO	NO	

Comment:

BHL was drilled 9' too far north of a 600' setback. Form 5A will be submitted documenting that the bottom 106.2' of wellbore will not produce. Tartan Sub is at 13463.8' (lowest interval to complete) , Float Collar is at 13508.9'.
TPZ is estimated based on estimated location of lower Marker joint at 6323' and will be corrected to actual top perf on form 5a.
Estimated date for well completion is 07/01/2017.

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			
401242509	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401242511	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			
401242500	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401242501	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401242503	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401242505	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401242506	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401242533	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)