

DRILLING COMPLETION REPORT

Document Number:
400588241

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: (303) 495-6780
 City: DENVER State: CO Zip: 80290

API Number 05-123-38339-00 County: WELD
 Well Name: Razor Federal Well Number: 26L-2302B
 Location: QtrQtr: NWSW Section: 26 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2244 feet Direction: FSL Distance: 593 feet Direction: FWL
 As Drilled Latitude: 40.808539 As Drilled Longitude: -103.839524

GPS Data:
 Date of Measurement: 03/26/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2539 feet. Direction: FSL Dist.: 499 feet. Direction: FWL
 Sec: 26 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 234 feet. Direction: FNL Dist.: 497 feet. Direction: FWL
 Sec: 23 Twp: 10N Rng: 58W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/02/2014 Date TD: 04/12/2014 Date Casing Set or D&A: 04/14/2014
 Rig Release Date: 07/07/2014 Per Rule 308A.b.

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

Total Depth MD 13844 TVD** 5697 Plug Back Total Depth MD 13741 TVD** 5697
 Elevations GR 4735 KB 4751 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Sonic, Triple Combo, LWD, Mud, RCBL

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	20	16	75	0	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,824	837	0	1,824	VISU
1ST	8+3/4	7	29	0	6,000	413	50	6,000	CBL
1ST LINER	6	4+1/2	11.6	4905	13,830	724	4,905	13,830	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	1,691		NO	NO	
HYGIENE	3,513		NO	NO	
SHARON SPRINGS	5,676		NO	NO	
NIOBRARA	5,686		NO	NO	

Comment:

Corrected PBD, added RR 9/1/17, attached CBL and las format of MWD 9/12/2017.

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			
400625995	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400625994	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			
400625990	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631600	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631601	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631602	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646218	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646220	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646227	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401400593	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401400597	PDF-CBL 1ST RUN	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)