

FORM
5

Rev
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



Document Number:

400600231

Date Received:

06/24/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-37880-00 County: WELD
Well Name: Razor Well Number: 26K-3505A
Location: QtrQtr: NESW Section: 26 Township: 10N Range: 58W Meridian: 6
Footage at surface: Distance: 2449 feet Direction: FSL Distance: 1949 feet Direction: FWL
As Drilled Latitude: 40.809096 As Drilled Longitude: -103.834645

GPS Data:
Date of Measurement: 04/23/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 1485 feet Direction: FSL Dist.: 1649 feet Direction: FWL
Sec: 26 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 604 feet Direction: FSL Dist.: 1364 feet Direction: FWL
Sec: 35 Twp: 10N Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/18/2014 Date TD: 02/25/2014 Date Casing Set or D&A: 03/01/2014
Rig Release Date: 04/19/2014 Per Rule 308A.b.

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

Total Depth MD 12260 TVD** 5602 Plug Back Total Depth MD 10957 TVD** 5605

Elevations GR 4738 KB 4760 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
LWD/Mud/CBL/CAL/IND/POR/SON/Triple Combo

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	75	0	101		0	101	VISU
SURF	13+1/2	6+5/8	36	0	1,572	719	0	1,572	VISU
1ST	8+3/4	7	29	0	5,991	412	0	5,991	CBL
1ST LINER	6	4+1/2	11.6	3664	11,002				

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	5,537		NO	NO	
NIOBRARA	5,547		NO	NO	

Operator Comments

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: 6/24/2014 Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400600377	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600379	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600380	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400632043	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>			
1734392	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1734393	CBL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600231	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600245	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600247	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600248	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600251	CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600255	INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600257	POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600258	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600261	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600265	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600282	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400600376	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineering Tech	Waiting on a copy of the Triple Combo(PDF) and the CBL.LAS. Uploaded document#1734392 & 1734393(11/28/2017) The CBL was not logged to an adequate depth to verify cement coverage through the entirety of the first string of casing. The CBL data is only available to ~3,450' per Operator correspondence. • PBDT is based on the float collar provided on the Wellbore Diagram#400757452.	09/26/2017
Permit	Corrected the TPZ section. Corrected rig release date via email from operator. Corrected the Plug Back TD section. Corrected KB elevation to reflect directional survey. Corrected Electric Logs Run Comments section.	09/05/2017

Total: 2 comment(s)