

FORM
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Rev
02/20

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:

402466683

Date Received:

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/or 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: <u>96155</u>	Contact Name: <u>Pauleen Tobin</u>
Name of Operator: <u>WHITING OIL & GAS CORPORATION</u>	Phone: <u>(303) 290-4267</u>
Address: <u>1700 LINCOLN STREET SUITE 4700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>pollyt@whiting.com</u>

API Number 05-123-41024-00 County: WELD
 Well Name: Horsetail Well Number: 08D-1704
 Location: QtrQtr: NWNW Section: 8 Township: 10N Range: 57W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 381 feet Direction: FNL Distance: 590 feet Direction: FWL
 As Drilled Latitude: 40.859756 As Drilled Longitude: -103.783289
 GPS Data: GPS Quality Value: 2.6 Type of GPS Quality Value: PDOP Date of Measurement: 03/24/2015
 GPS Instrument Operator's Name: Larry Brown
 FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Top of Prod. Zone Dist: 315 feet Direction: FNL Dist: 757 feet Direction: FWL
 Sec: 8 Twp: 10N Rng: 57W
 FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Bottom Hole Dist: 278 feet Direction: FNL Dist: 1314 feet Direction: FWL
 Sec: 8 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) 04/10/2015 Date TD: 04/14/2015 Date Casing Set or D&A: 04/11/2015
Rig Release Date: 05/17/2015 Per Rule 308A.b.

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

Total Depth	MD <u>5839</u>	TVD** <u>5728</u>	Plug Back Total Depth	MD <u>5380</u>	TVD** <u>5315</u>
Elevations	GR <u>4962</u>	KB <u>4983</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>		

List Electric Logs Run:
MWD/LWD, Mud log (NEU in 123-41024-01)

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	90	137	0	90	VISU
SURF	13+1/2	9+5/8	36	0	1,650	778	0	1,650	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/15/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		422	4,907	5,839

Details of work:

Drill 8 3/4" curve from 5654' to 5839', MWD failure, Trip out, run in hole open end, rig up cementers. Pump 1000' Cmt plug. POOH to above Cmt, Circulate B/U. POOH, L/D 2 7/8" Cmt Stinger. P/U 4" DP, New Directional BHA, RIH to 4,147', Wash/Ream to 4,907', start Sidetrack 1, Drill. Wash/Ream to 4,907', start Sidetrack 1, Drill ahead to 5,284' KOP, Drill Curve 5,284' to 5,467'Cmt.

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	1,730		NO	NO	
HYGIENE	3,565		NO	NO	
SUSSEX	4,112		NO	NO	
SHARON SPRINGS	5,686		NO	NO	
NIOBRARA	5,692		NO	NO	

Operator Comments:

Added tops for Sussex, Niobara and Sharon Springs
Attached Plugback cement report for sidetrack
Detailed plugback job in Remedial cement tab
GPS taken off of conductor prior to surface spud
Correct Date RR
Verified TD & Date Casing Set
Corrected PBTD TO 5380'
BHL provided by survey company
Updated TPZ to bottom of surface shoe
Changed MWD/LWD to their standard industry abbreviations
Added engineer calculated Conductor cement sacks
Final Survey KB/GR is ungraded and incorrect. Correct elev 4983'KB 4962'GR. Unable to secure revised survey from survey company
Corrected KB/GR on MUD log
COGCC Permit Tech advised to attach CBL.las from surface to KOP on ST Form 5, Ref Doc 402467225
NEU run on sidetrack 123-41024-01

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Pauleen TobinTitle: Regulatory Compliance Spe

Date: _____

Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402467138	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402467141	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>			
402467121	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402467124	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402467134	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402467721	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402467722	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)

