

FORM  
5Rev  
11/20

## 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:

402516681

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: 96155

Contact Name: Pauleen Tobin

Name of Operator: WHITING OIL &amp; GAS CORPORATION

Phone: (303) 390-4267

Address: 1700 LINCOLN STREET SUITE 4700

Fax:

City: DENVER

State: CO

Zip: 80290

Email: pollyt@whiting.com

API Number 05-123-43935-00

County: WELD

Well Name: Razor

Well Number: 261-2346

Location: QtrQtr: NESE Section: 26 Township: 10N Range: 58W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 2324 feet Direction: FSL Distance: 794 feet Direction: FEL

As Drilled Latitude: 40.808743 As Drilled Longitude: -103.825462

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 05/15/2017

\*\* If directional footage at Top of Prod. Zone Dist: 2451 feet Direction: FNL Dist: 1096 feet Direction: FEL  
Sec: 26 Twp: 10N Rng: 58W\*\* If directional footage at Bottom Hole Dist: 103 feet Direction: FNL Dist: 1002 feet Direction: FEL  
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) 05/21/2017 Date TD: 05/25/2017 Date Casing Set or D&amp;A: 05/26/2017

Rig Release Date: 06/20/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 13820 TVD\*\* 5735 Plug Back Total Depth MD 13777 TVD\*\* 5736

Elevations GR 4711 KB 4732 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

Mud log, MWD/LWD, CBL (Triple Combo run in 123-38488)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): Fresh Water (bbls):

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

**CASING, LINER AND CEMENT**

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	J-55	75	0	101	153	101	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	2068	889	2068	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	13819	2355	13820	650	CBL

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold 620 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

**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	1,411		NO	NO	
HYGIENE	3,164		NO	NO	
SHARON SPRINGS	5,545		NO	NO	
NIOBRARA	5,550		NO	NO	

Operator Comments:

Well drilled within setbacks.

No open hole logs run (Triple Combo run on Razor 26I-2316B 123-38488). One of the first wells drilled on the pad will be logged with an open-hole resistivity log with gamma-ray from TD to into the surface casing.

GPS taken off of conductor prior to surface spud  
TPZ location corrected to actual based on top perf at 6139'  
BHL provided by survey company  
Corrected well logs names to their standard industry abbreviations  
Corrected API number to 123-38488-00 in Drilling Tab  
Corrected 1st string cement sx count  
Corrected TOC per engineer interpretation of CBL  
Corrected 1st string cement bottom to TD per directional survey  
Attached 1st cement reports with API and corrected location  
Added Eng'r calculated sacks of cement for conductor  
Attached .las format of CBL from surface to KOP  
Attached MWD MD/TVD.pdf and .las logs with API, location and KB/GR on log header  
Attached Mud log with correct spud date

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: Regulatory Compliance Spe Date: \_\_\_\_\_ Email: pollyt@whiting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402516752	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402516751	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>					
402516727	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402516728	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402516729	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402516730	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402516746	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402516748	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402516755	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

