

FORM  
5

Rev  
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:

402516927

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: Bethany Kerley
Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 802-8376
Address: 1700 LINCOLN STREET SUITE 4700 Fax:
City: DENVER State: CO Zip: 80290 Email: bethany.kerley@whiting.com

API Number 05-123-43930-00 County: WELD
Well Name: Razor Well Number: 26I-2347
Location: QtrQtr: NESE Section: 26 Township: 10N Range: 58W Meridian: 6
Footage at surface: Distance: 2354 feet Direction: FSL Distance: 793 feet Direction: FEL
As Drilled Latitude: 40.808825 As Drilled Longitude: -103.825458
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 05/15/2017
\*\* If directional footage at Top of Prod. Zone Dist: 2489 feet Direction: FNL Dist: 775 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 100 feet Direction: FNL Dist: 670 feet Direction: FEL
Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/27/2017 Date TD: 05/30/2017 Date Casing Set or D&A: 06/01/2017
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 13927 TVD\*\* 5858 Plug Back Total Depth MD 13856 TVD\*\* 5861
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 API 05-123-38488)

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	2079	560	2079	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	13900	2355	13927	580	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 624 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	5,527		NO	NO	
NIOBRARA	5,533		NO	NO	
FORT HAYS	5,808		NO	NO	
CODELL	5,847		NO	NO	

Operator Comments:

Well drilled within 100' setback. Form 5A will be submitted documenting that the bottom 116.0' of wellbore will not produce. Geo Dynamics sleeve 1 is at 13811.0'(lowest completed interval), Float Collar is at 13856.4'.

No open hole logs run. Triple Combo log run on Razor 261-2316B, API 05-123-38488. One of the first wells drilled on the pad will be logged with an open-hole resistivity log with gamma-ray from TD into the surface casing.

Form 4 filed to add Codell to APD, ref doc 402521954 through Order 535-508. Order does not specify Ft Hays. Update to Order 535-314 adding Ft Hays is pending.

TPZ corrected to 2489' FNL, 775' FEL based on top perf at 6232'.

GPS taken off of conductor prior to surface spud  
 BHL provided by survey company  
 Left field name as Wildcat per COGCC Permit Tech  
 Corrected well logs names to their standard industry abbreviations, added API to logs run box.  
 Verified logs run  
 Corrected 1st string cement sx count to include 105 sx scavenger  
 Corrected TOC per engineer interpretation of CBL  
 Corrected 1st string cement bottom to TD per directional survey  
 Corrected API and noted variance in cement depth on surface ticket.  
 Added Eng'r calculated sacks of cement for conductor  
 Attached .las format of CBL from surface to KOP  
 Added location and corrected API on MWD MD/TVD.pdf and .las logs.  
 Added location and corrected API on Directional Data Import.

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

Signed: \_\_\_\_\_ Print Name: Bethany Kerley

Title: Engineering Tech III Date: \_\_\_\_\_ Email: bethany.kerley@whiting.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
402517503	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402517504	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"/>
<b><u>Other Attachments</u></b>			
402517488	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402517490	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402517491	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402517492	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402517493	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402517500	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402522057	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

