

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:

402518218

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 05-123-43931-00

County: WELD

Well Name: Razor Fed

Well Number: 261-3546

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

Footage at surface: Distance: 2414 feet Direction: FSL Distance: 792 feet Direction: FEL

As Drilled Latitude: 40.808989 As Drilled Longitude: -103.825461

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: 2498 feet Direction: FSL Dist: 912 feet Direction: FEL  
 Sec: 26 Twp: 10N Rng: 58W  
 FNL/FSL FEL/FWL

 \*\* If directional footage at Bottom Hole Dist: 632 feet Direction: FSL Dist: 1002 feet Direction: FEL  
 Sec: 35 Twp: 10N Rng: 58W  
 FNL/FSL FEL/FWL

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/01/2017 Date TD: 06/05/2017 Date Casing Set or D&amp;A: 06/07/2017

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 13410 TVD\*\* 5730 Plug Back Total Depth MD 13348 TVD\*\* 5731

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 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	2089	560	2089	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	13395	2355	13410	300	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 627 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	5,523		NO	NO	
NIOBRARA	5,528		NO	NO	

Operator Comments:

Well was drilled and completed within setbacks.

No open hole logs run (Triple Combo run on Razor 26I-2316B API 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 6218'  
BHL provided by survey company  
Corrected well logs names to their standard industry abbreviations  
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 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 location on log header  
Corrected API number in log box in Drilling Tab

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 ?	
<b><u>Attachment Checklist</u></b>			
402518356	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402518358	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>			
402518312	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518314	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518315	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518317	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518344	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518345	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518355	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402518359	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)

