

FORM
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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:

402530650

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 & 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 05-123-39257-00 County: WELD
Well Name: Razor Well Number: 33M-2803
Location: QtrQtr: SWSW Section: 33 Township: 10N Range: 58W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 565 feet Direction: FSL Distance: 741 feet Direction: FWL
As Drilled Latitude: 40.789187 As Drilled Longitude: -103.876634
GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 01/22/2015

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 742 feet Direction: FSL Dist: 821 feet Direction: FWL
Sec: 33 Twp: 10N Rng: 58W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 2536 feet Direction: FSL Dist: 793 feet Direction: FWL
Sec: 28 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) 12/31/2014 Date TD: 01/07/2015 Date Casing Set or D&A: 01/08/2015
Rig Release Date: 01/19/2015 Per Rule 308A.b.

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

Total Depth MD 13129 TVD** 5711 Plug Back Total Depth MD 13061 TVD** 5709
Elevations GR 4729 KB 4748 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD/LWD, Mud log, CBL, CAL (NEU log run in API 123-39256-00)

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	84	0	109	137	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1575	780	1575	0	VISU
1ST	8+3/4	7	P-110	29	0	6023	660	6023	80	CBL
1ST LINER	6	4+1/2	P-110	11.60	4964	13107	475	13129	4964	CALC

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 472 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	1,662		NO	NO	
HYGIENE	3,642		NO	NO	
SHARON SPRINGS	5,612		NO	NO	
NIOBRARA	5,622		NO	NO	

Operator Comments:

Well drilled and completed within setbacks.

No open hole resistivity log run. NEU log run on Razor 33M-2801, API 123-39256-00. 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.

1st string cement sx count is correct. Vendor report shows incorrect sacks used in intermediate cement job. Unable to secure corrected cement report due to multiple mergers (Sanjel to O-Tex to C&J Energy to NexTierOFS).

GPS taken after drilling rig released from pad

TPZ location is based on top perf at 6045'

BHL provided by survey company

Corrected PBSD MD/TVD

Corrected RR date to last well on pad

Corrected well logs names to their standard industry abbreviations

Corrected liner top and setting depth

Corrected TOC per engineer interpretation of CBL

Corrected 1st liner cement bottom to TD per directional survey

Attached surface, intermediate and 1st liner cement reports with API and corrected location & date

Added Eng'r calculated sacks of cement for conductor

Attached CBL.pdf and .las logs with corrected KB/GR on log header

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

Corrected Conductor casing wt

Corrected Mud log header, API, lat/longs, job end 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 _____

Date: _____

Email: pollyt@whiting.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402530821	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402530820	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>			
402530791	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402530793	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402530798	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402530799	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402530817	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402530818	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402530825	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545450	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545451	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

