

**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:

402560120

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 05-123-40215-00

County: WELD

Well Name: Razor Fed

Well Number: 30K-3108

Location: QtrQtr: NESW Section: 30 Township: 10N Range: 58W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2270 feet Direction: FSL Distance: 1908 feet Direction: FWL

As Drilled Latitude: 40.808277 As Drilled Longitude: -103.910052

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 06/05/2015

** If directional footage at Top of Prod. Zone Dist: 2504 feet Direction: FSL Dist: 2387 feet Direction: FWL
Sec: 30 Twp: 10N Rng: 58W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 550 feet Direction: FSL Dist: 2472 feet Direction: FWL
Sec: 31 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) 06/30/2015 Date TD: 07/08/2015 Date Casing Set or D&A: 07/09/2015

Rig Release Date: 07/28/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13750 TVD** 6071 Plug Back Total Depth MD 13700 TVD** 6069

Elevations GR 4828 KB 4849 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

MWD/LWD, Mud log, CBL (Triple Combo run in API 05-123-36121-00)

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	H-40	65	0	101	122	101	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1612	697	1612	0	VISU
1ST	8+3/4	7	HCL80	29	0	6487	602	6487	1110	CBL
1ST LINER	6+1/8	4+1/2	P-110	11.6	5466	13743	697	13750	5466	CALC

Bradenhead Pressure Action Threshold 484 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	1,400		NO	NO	
HYGIENE	3,355		NO	NO	
SHARON SPRINGS	5,774		NO	NO	
NIOBRARA	5,777		NO	NO	
FORT HAYS	6,068		NO	NO	
CODELL	6,103		NO	NO	
CARLILE	6,111		NO	NO	

Operator Comments:

Well was drilled 50' passed 600' setback. Form 5A will be submitted, documenting that the bottom 57' of the wellbore will not produce. The Landing Collar is at 13698'.

Open Hole Logging Exception - No Open Hole Logs were Run. Triple Combo run on Razor 30K-3107 05-123-36121-00. Approved open hole logging exception approves a cased hole neutron and gamma ray log run on one of the first wells drilled on the Razor 30K pad.

GPS taken off of preset conductor
TPZ location is based on top perf at 6510'
BHL provided by survey company
Corrected PBTD MD/TVD
Corrected RR date to last well on pad
Added casing grade to all strings
Corrected TOC per engineer interpretation of CBL
Corrected 1st liner cement bottom to TD per directional survey
Attached Surface, 1 string and 1st liner cement reports with corrected location, casing and shoe depths
Added Eng'r calculated sacks of cement for conductor
Attached CBL.pdf and .las logs from surface to KOP; corrected KB/GR on log header
Added API, location and KB on MWD log headers
Corrected API, lat/longs, spud date on Mud log header
Added location & API to directional data template
Uploaded correct logs for this well
Field name unchanged per Eden, COGCC Permitting
1st Liner sacks of cement corrected to include the flush sacks of cement
Revised directional data file with added API and location
Corrected well logs names to their standard industry abbreviations
Added Missing Ft Hays, Codell and Carlile formation tops
Update to order 535-314 to add Ft. Hays and Carlile pending
Form 4 adding Ft. Hays, Codell and Carlile to permit pending

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>					
402560170	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402560174	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>					
402560149	LAS-CBL 3RD RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402560150	PDF-CBL 3RD RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402560152	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402560153	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402560154	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402560155	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402560178	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

