

FORM  
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Rev  
11/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402563098

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 05-123-38742-00 County: WELD  
Well Name: Horsetail Well Number: 30F-1941  
Location: QtrQtr: SENW Section: 30 Township: 10N Range: 57W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 2324 feet Direction: FNL Distance: 1860 feet Direction: FWL  
As Drilled Latitude: 40.810684 As Drilled Longitude: -103.796676  
GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 04/23/2014  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 2482 feet Direction: FNL Dist: 1245 feet Direction: FWL  
Sec: 30 Twp: 10N Rng: 57W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 46 feet Direction: FNL Dist: 1297 feet Direction: FWL  
Sec: 19 Twp: 10N Rng: 57W  
Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/30/2014 Date TD: 11/06/2014 Date Casing Set or D&A: 11/09/2014  
Rig Release Date: 11/10/2014 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 13938 TVD\*\* 5766 Plug Back Total Depth MD 13881 TVD\*\* 5765

Elevations GR 4780 KB 4797 Digital Copies of ALL Logs must be Attached

List All Logs Run:

MWD/LWD, MUD log, CAL, DEN, IND, GR, CBL, Triple Combo (NEU run in API 123-38743-00)

### 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	20	16	K-55	84	0	97	55	97	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1595	456	1595	0	VISU
1ST	8+3/4	7	P-110	29	0	6202	795	6202	80	CBL
1ST LINER	6	4+1/2	P-110	11.60	5199	13928	545	13928	5211	CALC

Bradenhead Pressure Action Threshold 478 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	1,435		NO	NO	
HYGIENE	3,182		NO	NO	
SHARON SPRINGS	5,525		NO	NO	
NIOBRARA	5,529		NO	NO	

Operator Comments:

Well drilled 54' into 100' setback. Bottom perf at 13693', well completed 191' within setbacks.

Open Hole Logging Exception allows for a cased hole neutron and gamma ray log to be run on the HORSETAIL 30F pad. NEU run on Horsetail 30F-1948, API 123-38743-00.

GPS taken off of preset conductor  
 TPZ location is based on of shallowest packer at 6275'  
 BHL provided by survey company  
 Corrected PBTMD MD/TVD to top of float collar  
 Corrected KB/GR according to surveys  
 Added casing grade to all strings  
 Corrected TOC per engineer interpretation of CBL  
 Corrected location on Surface, 1 string and liner cement reports. Sks previously requested and added  
 Added Eng'r calculated sacks of cement for conductor  
 Attached CBL.pdf and .las logs from surface to KOP with corrected KB/GR on log header  
 Uploaded revised log to TD, Added location to log header  
 Uploaded Directional Data with corrected location  
 Per Eden, left field name for COGCC to correct  
 Corrected well logs names to their standard industry abbreviations  
 Added API to Log Listed box on drilling tab  
 Correct location on MUD log header  
 RR Date corrected to last well on pad  
 Missing MWD.las to TD. Requested from vendor, to be submitted via form 4 when received

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 ?	
<b>Attachment Checklist</b>			
402563211	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402563207	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>Other Attachments</b>			
402563194	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402563196	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402563206	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402563212	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568635	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568636	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568639	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568662	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568664	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402569732	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402570365	LAS-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402570367	PDF-CBL 3RD RUN	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)

