

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:
402553915

Date Received:
01/08/2021

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 05-123-40209-00 County: WELD
Well Name: Razor Fed Well Number: 30K-1907
Location: QtrQtr: NESW Section: 30 Township: 10N Range: 58W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2270 feet Direction: FSL Distance: 1875 feet Direction: FWL
As Drilled Latitude: 40.808276 As Drilled Longitude: -103.910172
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 06/05/2015
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 2330 feet Direction: FNL Dist: 2229 feet Direction: FWL
Sec: 30 Twp: 10N Rng: 58W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 105 feet Direction: FNL Dist: 2154 feet Direction: FWL
Sec: 19 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) 06/21/2015 Date TD: 06/28/2015 Date Casing Set or D&A: 06/29/2015
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 13788 TVD** 5843 Plug Back Total Depth MD 13740 TVD** 5843
Elevations GR 4828 KB 4849 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD/LWD, Mud log, CBL (Triple Combo in API 123-36121)

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	1603	697	1603	0	VISU
1ST	8+3/4	7	HCP110	29	0	6186	589	6186	3386	CBL
1ST LINER	6+1/8	4+1/2	P-110	11.6	5023	13782				

Bradenhead Pressure Action Threshold 481 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	5,770		NO	NO	
NIOBRARA	5,776		NO	NO	

Operator Comments:

Well drilled and completed within setbacks.

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 bottom of shallowest packer of uncemented liner at 6275'
BHL provided by survey company
Corrected PBSD MD/TVD to top of float collar
Corrected RR date to last well on pad
Added casing grade to all strings
Corrected TOC per engineer interpretation of CBL
Corrected location on surface and 1 string cement reports.
Added Eng'r calculated sacks of cement for conductor
Attached CBL.las logs from surface to KOP
Added location, API and KB on log header
Added location & API to directional data template
Per Eden, left field name for COGCC to correct
Corrected well logs names to their standard industry abbreviations
Correct location on MUD log header

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: 1/8/2021 Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402554044	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402554045	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402554041	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>			
402553915	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402554018	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402554020	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402554026	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402554037	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402554046	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402567202	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402567203	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected 1st string casing cement top per CBL Horizontal offset mitigation review complete	02/23/2021
Permit	Passed Permit Review	01/26/2021

Total: 2 comment(s)

