

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:  
402558552  
  
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 05-123-40213-00 County: WELD  
Well Name: Razor Fed Well Number: 30K-3106  
Location: QtrQtr: NESW Section: 30 Township: 10N Range: 58W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 2270 feet Direction: FSL Distance: 1842 feet Direction: FWL  
As Drilled Latitude: 40.808277 As Drilled Longitude: -103.910296  
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 06/05/2015

\*\*\* If directional footage at Top of Prod. Zone Dist: 2348 feet Direction: FSL Dist: 1714 feet Direction: FWL  
Sec: 30 Twp: 10N Rng: 58W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_

\*\*\* If directional footage at Bottom Hole Dist: 631 feet Direction: FSL Dist: 1822 feet Direction: FWL  
Sec: 31 Twp: 10N Rng: 58W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 07/10/2015 Date TD: 07/17/2015 Date Casing Set or D&A: 07/19/2015  
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 13488 TVD\*\* 5998 Plug Back Total Depth MD 13439 TVD\*\* 5998  
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	1614	697	1614	0	VISU
1ST	8+3/4	7	L-80	29	0	6451	602	6451	770	CBL
1ST LINER	6+1/8	4+1/2	P-110	11.6	5331	13480	720	13488	5331	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	5,775		NO	NO	
NIOBRARA	5,781		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 conductor prior to surface spud  
 TPZ location is based on top perf at 6482'  
 BHL provided by survey company  
 Corrected PBSD 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.las logs from surface to KOP, added location on las log header  
 Added API, location and KB to MWD log headers  
 Corrected API, lat/longs, spud date on Mud log header  
 Revised and uploaded directional data with added location & API  
 Field name unchanged per COGCC Permitting  
 Corrected well logs names to their standard industry abbreviations  
 tions

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 ?	
<b>Attachment Checklist</b>			
402558812	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558813	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558814	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402558815	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>			
402558552	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558602	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558603	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558606	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558816	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402559238	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402567304	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402567306	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	-Corrected the date casing set as per the cement job summary -Passed Permit Review	01/27/2021

Total: 2 comment(s)

