

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400302078

Date Received:

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 96155 4. Contact Name: Pauleen Tobin  
 2. Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 837-1661  
 3. Address: 1700 BROADWAY STE 2300 Fax: (303) 390-4923  
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-34787-00 6. County: WELD  
 7. Well Name: Wolf Well Number: 36-3624H  
 8. Location: QtrQtr: NENW Section: 36 Township: 10N Range: 59W Meridian: 6  
 Footage at surface: Distance: 330 feet Direction: FNL Distance: 2004 feet Direction: FWL  
 As Drilled Latitude: 40.801019 As Drilled Longitude: -103.929136

GPS Data:  
 Date of Measurement: 10/24/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Jeremy Harris

\*\* If directional footage at Top of Prod. Zone Dist.: 1020 feet. Direction: FNL Dist.: 2040 feet. Direction: FWL  
 Sec: 36 Twp: 10 Rng: 59  
 \*\* If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 1967 feet. Direction: FWL  
 Sec: 36 Twp: 10 Rng: 59

9. Field Name: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: 8441.5

12. Spud Date: (when the 1st bit hit the dirt) 01/20/2012 13. Date TD: 02/03/2012 14. Date Casing Set or D&A: 02/06/2012

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

16. Total Depth MD 10300 TVD\*\* 6205 17 Plug Back Total Depth MD 10300 TVD\*\* 6205

18. Elevations GR 4925 KB 4940  
 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
AI, CPD/CND,MI, HVC, GR/CBL

20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,550	670	0	1,550	CALC
1ST	8+3/4	7	29	0	6,460	516	76	6,460	CBL
1ST LINER	6	4+1/2	11.6	5708	10,296				

**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:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS	1,287		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	1,468		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,430		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,891		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,898		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,228		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Pauleen \_\_\_\_\_

Title: Engineer Tech Date: \_\_\_\_\_ Email: Pollyt@whiting.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400302096	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400302094	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400302095	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400302108	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400302109	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group      Comment      Comment Date**

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Total: 0 comment(s)