

FORM
5Rev
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



DE ET OE ES

Document Number:

400394175

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 05-123-36029-00

6. County: WELD

7. Well Name: Razor

Well Number: 14-1143H

8. Location: QtrQtr: SESE Section: 14 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 332 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.832447 As Drilled Longitude: -103.825372

GPS Data:

Date of Measurement: 05/23/2012 PDOP Reading: 1.0 GPS Instrument Operator's Name: Jerromy Harris

** If directional footage at Top of Prod. Zone Dist.: 886 feet. Direction: FSL Dist.: 674 feet. Direction: FEL

Sec: 14 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1962 feet. Direction: FSL Dist.: 745 feet. Direction: FEL

Sec: 11 Twp: 10N Rng: 58W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/16/2012 13. Date TD: 10/27/2012 14. Date Casing Set or D&A: 10/30/2012

15. Well Classification:

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

16. Total Depth MD 12608 TVD** 5884 17 Plug Back Total Depth MD 12608 TVD** 5884

18. Elevations GR 4932 KB 4948

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, HVC, CPD/CND, GR CCL/CBV/SB, MUD

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	1,698	818	0	1,698	CALC
1ST	8+3/4	7	29	0	6,228	454	80	6,228	CBL
1ST LINER	6	4+1/2	11.6	5145	12,608				

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	
PIERRE	1,712		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,528		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,805		<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 Tobin

Title: Engineer Tech

Date: _____

Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400394199	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400394198	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>					
400394196	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400394197	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400394216	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group Comment****Comment Date**

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Total: 0 comment(s)