

Document Number:  
400399092

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 05-123-35011-00 6. County: WELD  
 7. Well Name: Wildhorse Well Number: 05-0514H  
 8. Location: QtrQtr: Lot 4 Section: 5 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 320 feet Direction: FNL Distance: 780 feet Direction: FWL  
 As Drilled Latitude: 40.785783 As Drilled Longitude: -104.008578

GPS Data:  
 Date of Measurement: 07/28/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: Jeremy Harris

\*\* If directional footage at Top of Prod. Zone Dist.: 897 feet. Direction: FNL Dist.: 750 feet. Direction: FWL  
 Sec: 5 Twp: 9N Rng: 59W  
 \*\* If directional footage at Bottom Hole Dist.: 697 feet. Direction: FSL Dist.: 566 feet. Direction: FWL  
 Sec: 5 Twp: 9N Rng: 59W

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) 10/31/2012 13. Date TD: 11/09/2012 14. Date Casing Set or D&A: 11/10/2012

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

16. Total Depth MD 10400 TVD\*\* 6409 17 Plug Back Total Depth MD 10400 TVD\*\* 6409

18. Elevations GR 5140 KB 5157 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, HVC, MTT/60ARM CAL/GR/CL, CBL/GR-VDL-MAP/CCL

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	1,532	719	0	1,532	CALC
1ST	8+3/4	7	29	0	6,734	465	56	6,734	CBL
1ST LINER	6	4+1/2	11.6	5541	10,388				

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	1,695	510	1,480	1,725

Details of work:

Squeezed in 4 stages. See cement rpts attached.

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	821		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,254		<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 ?	
<b>Attachment Checklist</b>			
400399128	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400399127	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>			
400399110	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400399131	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400399136	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400399137	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)