

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:

400419565

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) 495-6780

City: DENVER State: CO Zip: 80290

5. API Number 05-123-36257-00

6. County: WELD

7. Well Name: Razor

Well Number: 22-2712H

8. Location: QtrQtr: NWNW Section: 22 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.830344 As Drilled Longitude: -103.858675

GPS Data:

Date of Measurement: 05/23/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Jerromy Harris

** If directional footage at Top of Prod. Zone Dist.: 819 feet. Direction: FNL Dist.: 670 feet. Direction: FWL

Sec: 22 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1361 feet. Direction: FNL Dist.: 720 feet. Direction: FWL

Sec: 27 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) 01/16/2013 13. Date TD: 01/28/2013 14. Date Casing Set or D&A: 02/01/2013

15. Well Classification:

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

16. Total Depth MD 12568 TVD** 5803 17 Plug Back Total Depth MD 12568 TVD** 5803

18. Elevations GR 4833 KB 4850

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:

RCB/GR/CCL, Caliper, mud, HVC, AI, CPD/CND

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 | 1,614 | 719 | 0 | 1,614 | CALC |
| 1ST | 8+3/4 | 7 | 29 | 0 | 6,139 | 427 | 0 | 6,139 | CBL |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 5154 | 12,653 | | | | |

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 | 1,512 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 3,416 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 5,789 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 5,797 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

As drilled GPS data to be submitted by sundry separately.

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: Eng'r Tech Date: _____ Email: pollyt@whiting.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400419598 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400419596 | 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> | | | | | |
| 400419580 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400419590 | PDF-CALIPER | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400419603 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400421794 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)