

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



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
2. Name of Operator: WHITING OIL AND GAS CORPORATION
3. Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290
4. Contact Name: Pauleen Tobin
Phone: (303) 837-1661
Fax: (303) 495-6780

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:

Data 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)