

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:

400456322

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 05-123-36053-00

6. County: WELD

7. Well Name: Church

Well Number: 36-2523H

8. Location: QtrQtr: SESW Section: 36 Township: 10N Range: 60W Meridian: 6

Footage at surface: Distance: 301 feet Direction: FSL Distance: 1886 feet Direction: FWL

As Drilled Latitude: 40.787214 As Drilled Longitude: -104.042114

GPS Data:

Date of Measurement: 06/22/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Dallas Nelson

** If directional footage at Top of Prod. Zone Dist.: 900 feet. Direction: FSL Dist.: 1876 feet. Direction: FWL

Sec: 36 Twp: 10N Rng: 60W

** If directional footage at Bottom Hole Dist.: 1967 feet. Direction: FSL Dist.: 1936 feet. Direction: FWL

Sec: 25 Twp: 10N Rng: 60W

9. Field Name: DJ HORIZONTAL NIOBRARA

10. Field Number: 16950

11. Federal, Indian or State Lease Number: COC70913

12. Spud Date: (when the 1st bit hit the dirt) 02/16/2013 13. Date TD: 02/26/2013 14. Date Casing Set or D&A: 02/27/2013

15. Well Classification:

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

16. Total Depth MD 12809 TVD** 6459 17 Plug Back Total Depth MD 12809 TVD** 6459

18. Elevations GR 5194 KB 5211

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:

Mud, RCB/CIL

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	1,560	719	0	1,560	CALC
1ST	8+3/4	7	29	0	6,865	481	334	6,865	CBL
1ST LINER	6	4+1/2	11.6	5780	12,799				

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	1,824		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,795		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,384		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,406		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As Drilled GPS data to be submitted by sundry at a later date.

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>					
400456364	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400456375	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>					
400456343	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400456345	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400456347	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400456372	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400456382	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)