

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:

400501745

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: Ben Betts

2. Name of Operator: WHITING OIL AND GAS CORPORATION

Phone: (303) 390-4946

3. Address: 1700 BROADWAY STE 2300

Fax: (303) 390-4095

City: DENVER State: CO Zip: 80290

5. API Number 05-123-37974-00

6. County: WELD

7. Well Name: Razor

Well Number: 271-2216B

8. Location: QtrQtr: NESE Section: 27 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2319 feet Direction: FSL Distance: 693 feet Direction: FEL

As Drilled Latitude: 40.808706 As Drilled Longitude: -103.844178

GPS Data:

Data of Measurement: 04/01/2013 PDOP Reading: 1.2 GPS Instrument Operator's Name: Dallas Nelson

** If directional footage at Top of Prod. Zone Dist.: 2144 feet. Direction: FNL Dist.: 480 feet. Direction: FEL

Sec: 27 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1142 feet. Direction: FNL Dist.: 183 feet. Direction: FEL

Sec: 22 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) 10/13/2013 13. Date TD: 10/23/2013 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 12434 TVD** 5665 17 Plug Back Total Depth MD 11300 TVD** 5714

18. Elevations GR 4766 KB 4782

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:

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
CONDUCTOR	16+1/16	16+0/0	65	0	80				
SURF	13+1/2	9+5/8	36	0	1,621	688		1,621	CALC
1ST	8+3/4	7+0/0	29	0	6,090	404		6,090	CALC

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	
SHARON SPRINGS	5,578	5,584	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,584		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Completion report for a sidetracked horizontal bore.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Scott M. Webb

Title: Reg & Permitting Manager

Date: _____

Email: scottw@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400501780	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400501785	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400501782	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400501784	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)