

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:

1707439

Date Received:

01/28/2009

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 A

Fax: (303) 390-1630

City: DENVER State: CO Zip: 80290

5. API Number 05-103-11212-00

6. County: RIO BLANCO

7. Well Name: BOIES

Well Number: C-230-N3

8. Location: QtrQtr: SWSE Section: 23 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 429 feet Direction: FSL Distance: 1960 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 500 feet. Direction: FSL Dist.: 2260 feet. Direction: FWL

Sec: 23 Twp: 2S Rng: 98W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 2196 feet. Direction: FWL

Sec: 23 Twp: 2S Rng: 98W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/06/2008 13. Date TD: 07/26/2008 14. Date Casing Set or D&A: 07/31/2008

15. Well Classification:

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

16. Total Depth MD 10435 TVD** 10209 17 Plug Back Total Depth MD 10387 TVD** 10159

18. Elevations GR 6367 KB 6385

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:

AISF, HV, CPD/CDN, CBL/GR/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	12+1/4	9+5/8		0	4,775	801	0	4,775	CALC
1ST	8+3/4	4+1/2		0	10,435	828	0	10,435	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	
WASATCH A	2,099		<input type="checkbox"/>	<input type="checkbox"/>	MAHOGANY - 595/ GARDEN GULCH-1757/ ORANGE MARKER-
OHIO CREEK	5,681		<input type="checkbox"/>	<input type="checkbox"/>	1954/
WILLIAMS FORK	5,814		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,804		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,442		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,782		<input type="checkbox"/>	<input type="checkbox"/>	LOWER CORCORAN- 9985

Comment:		
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.		
Signed: Y _____	Print Name: PAULEEN TOBIN _____	
Title: ENGINEERING TECH _____	Date: 1/26/2009 _____	Email: POLLYT@WHITING.COM _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1827593	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"/>

General Comments

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

Total: 0 comment(s)