

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:

400558015

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 05-123-37730-00

6. County: WELD

7. Well Name: Razor

Well Number: 27L-3401B

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

Footage at surface: Distance: 2448 feet Direction: FSL Distance: 627 feet Direction: FWL

As Drilled Latitude: 40.808881 As Drilled Longitude: -103.858494

GPS Data:

Data of Measurement: 02/21/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 1728 feet. Direction: FSL Dist.: 293 feet. Direction: FWL

Sec: 27 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole Dist.: 600 feet. Direction: FSL Dist.: 165 feet. Direction: FWL

Sec: 34 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) 08/25/2013 13. Date TD: 09/05/2013 14. Date Casing Set or D&A: 09/05/2013

15. Well Classification:

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

16. Total Depth MD 12445 TVD** 5708 17 Plug Back Total Depth MD 12445 TVD** 5708

18. Elevations GR 4754 KB 4771

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, LWD, RCBL

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	18+5/8	16	84	0	80				CALC
SURF	13+1/2	9+5/8	36	0	1,575	719	0	1,575	CALC
1ST	8+3/4	7	29	0	6,078	452	33	6,078	CBL
1ST LINER	6	4+1/2	11.6	5021	12,435				

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	1,440		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,227		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,675		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,694		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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>					
400564030	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400558087	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>					
400558042	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400558044	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400558047	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400558051	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400558089	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)