

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:  
400566867

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 05-123-37765-00  
6. County: WELD  
7. Well Name: Razor Well Number: 21B-2811A  
8. Location: QtrQtr: NWNE Section: 21 Township: 10N Range: 58W Meridian: 6  
Footage at surface: Distance: 330 feet Direction: FNL Distance: 1947 feet Direction: FEL  
As Drilled Latitude: 40.830205 As Drilled Longitude: -103.868095

GPS Data:  
Date of Measurement: 02/21/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1346 feet. Direction: FNL Dist.: 1726 feet. Direction: FEL  
Sec: 21 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 2509 feet. Direction: FNL Dist.: 1728 feet. Direction: FEL  
Sec: 28 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) 12/13/2013 13. Date TD: 01/03/2014 14. Date Casing Set or D&A: 01/04/2014

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12727 TVD\*\* 5833 17 Plug Back Total Depth MD 12727 TVD\*\* 5833

18. Elevations GR 4837 KB 4858  
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:  
LWD, Mud, CBL

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	24	16		0	80		0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,663	718	0	1,663	VISU
1ST	8+3/4	7	29	0	6,245	690	120	6,245	CBL
1ST LINER	6	4+1/2	11.6	4625	12,145	440	4,625	12,145	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	
PIERRE	1,441		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,423		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,898		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,914		<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>			
400566933	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400577251	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>			
400566907	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400566923	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400566925	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400566926	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400577261	DIRECTIONAL DATA	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)