

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:

400588645

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: Elvera Berryman

2. Name of Operator: WHITING OIL AND GAS CORPORATION

Phone: (303) 390-4221

3. Address: 1700 BROADWAY STE 2300

Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

5. API Number 05-123-38043-00

6. County: WELD

7. Well Name: Razor Federal

Well Number: 26J-2310B

8. Location: QtrQtr: NWSE Section: 26 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2251 feet Direction: FSL Distance: 2014 feet Direction: FEL

As Drilled Latitude: 40.808537 As Drilled Longitude: -103.829839

## GPS Data:

Data of Measurement: 01/30/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Larry D. Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 2229 feet. Direction: FNL Dist.: 2206 feet. Direction: FEL  
Sec: 26 Twp: 10 Rng: 58

\*\* If directional footage at Bottom Hole Dist.: 111 feet. Direction: FNL Dist.: 2148 feet. Direction: FEL  
Sec: 23 Twp: 10 Rng: 58

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC075061

12. Spud Date: (when the 1st bit hit the dirt) 02/14/2014 13. Date TD: 02/24/2014 14. Date Casing Set or D&amp;A: 02/26/2014

## 15. Well Classification:

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

16. Total Depth MD 13441 TVD\*\* 5663 17 Plug Back Total Depth MD 13441 TVD\*\* 5663

18. Elevations GR 4726 KB 4743

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, Note OH logs run on RAZOR 26J-2633L

## 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   | 20           | 16             | 75    | 0             | 96            |           | 0       | 96      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 1,560         | 436       | 0       | 1,560   | VISU   |
| 1ST         | 8+5/8        | 7              | 29    | 0             | 6,014         | 671       | 0       | 6,014   | CBL    |
| 1ST LINER   | 6            | 4+1/2          | 11.60 | 5087          | 13,427        | 512       | 5,091   | 13,427  | 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         | 1,691          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| HYGIENE        | 3,513          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHARON SPRINGS | 5,535          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 5,540          |        | <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: Elvera Berryman

Title: Engineer Tech

Date: \_\_\_\_\_

Email: elvera.berryman@whiting.com

### Attachment Check List

| Att Doc Num                 | Document Name                          | attached ? |                                     |    |                                     |
|-----------------------------|--|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |  |            |                                     |    |                                     |
| 400588661                   | CMT Summary *                          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis                          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400627923                   | 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>    |  |            |                                     |    |                                     |
| 400588647                   | LAS-Measurement/Logging While Drilling | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400588648                   | PDF-Measurement/Logging While Drilling | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400588649                   | PDF-MUD                                | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400625878                   | PDF-CBL 3RD RUN                        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400627914                   | DIRECTIONAL DATA                       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

## General Comments

User Group

Comment

Comment Date

|  |  |  |
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|--|--|--|

Total: 0 comment(s)