

FORM 5
Rev 09/14

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:
400679342

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

OGCC Operator Number: 96155 Contact Name: Elvera Berryman
Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 390-4221
Address: 1700 BROADWAY STE 2300 Fax: (303) 390-1598
City: DENVER State: CO Zip: 80290

API Number 05-123-39885-00 County: WELD
Well Name: Horsetail Well Number: 19N-1924M
Location: QtrQtr: SWSE Section: 19 Township: 10N Range: 57W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 2656 feet Direction: FEL
As Drilled Latitude: 40.818860 As Drilled Longitude: -103.794243

GPS Data:
Date of Measurement: 09/17/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Larry Brown

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/03/2014 Date TD: 08/12/2014 Date Casing Set or D&A: 08/20/2014
Rig Release Date: 08/22/2014 *for Multi-Well Location ONLY

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

Total Depth MD 9370 TVD** Plug Back Total Depth MD 9370 TVD**
Elevations GR 4748 KB 4767 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
LWD, MUD, CBL, Gamm Ray-CCL log, Compensated Neutron, Induction, Micro log, Triple Combination logs, Monopole Sonic.

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	42.09	0	109		0	109	VISU
SURF	13+1/2	9+5/8	36.00	0	1,564	665	0	1,564	VISU
1ST	8+3/4	7	29.00	0	9,328	1,390	9,070	9,328	CBL

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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,514		YES	YES-Submitted on Form 4	
HYGIENE	3,319		YES	YES-Submitted on Form 4	
SHARON SPRINGS	5,494		YES	YES-Submitted on Form 4	
NIOBRARA	5,500		YES	YES-Submitted on Form 4	
FORT HAYS	5,784		YES	YES-Submitted on Form 4	
CODELL	5,825		YES	YES-Submitted on Form 4	
CARLILE	5,835		YES	YES-Submitted on Form 4	
GREENHORN	5,957		YES	YES-Submitted on Form 4	
GRANEROS	6,002		NO	NO	
X BENTONITE	6,188		NO	NO	
D SAND	6,297		NO	NO	
HUNTSMAN	6,335		NO	NO	
J SAND	6,397		NO	NO	
SKULL CREEK	6,461		NO	NO	
LAKOTA	6,625		NO	NO	
MORRISON	6,756		NO	NO	
SUNDANCE	7,028		NO	NO	
ENTRADA	7,061		NO	NO	
PERMIAN	7,079		NO	NO	
LYONS	7,451		NO		
WOLFCAMP	7,764		NO	NO	
AMAZON	7,918		NO	NO	
NEVA	8,029		NO	NO	
Admire	8,096		NO	NO	
PENNSYLVANIAN	8,197		NO	NO	
VIRGIL	8,205		NO	NO	
MISSOURI	8,292		NO	NO	
MARMATON	8,594		NO	NO	
FORT SCOTT	8,612		NO	NO	
CHEROKEE	8,663		NO	NO	
ATOKA	8,817		NO	NO	
MORROW	8,988		NO	NO	
MISSISSIPPIAN	9,154		NO	NO	
PRECAMBRIAN	9,220		NO	NO	

Comment:

Horsetail 19N-1924M is a monitoring well.
 We will submit the routine core analysis on Form 4 as soon as we will get the results.

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>			
400692263	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400691655	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691657	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691659	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691660	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691687	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693285	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693286	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693287	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693288	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693299	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693300	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693804	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693805	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693811	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693816	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693817	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693819	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693821	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693822	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693826	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693835	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693838	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693856	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693872	PDF-CBL 1ST RUN	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)