

FORM
5Rev
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



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Document Number:

400699084

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 05-123-39421-00

County: WELD

Well Name: Wolf

Well Number: 12L-0103

Location: QtrQtr: SWNW Section: 12 Township: 10N Range: 59W Meridian: 6

Footage at surface: Distance: 2558 feet Direction: FNL Distance: 619 feet Direction: FWL

As Drilled Latitude: 40.852931 As Drilled Longitude: -103.934653

GPS Data:

Date of Measurement: 08/20/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Larry Brown

** If directional footage at Top of Prod. Zone Dist.: 2327 feet. Direction: FSL Dist.: 1303 feet. Direction: FWL

Sec: 12 Twp: 10N Rng: 59W

** If directional footage at Bottom Hole Dist.: 2308 feet. Direction: FSL Dist.: 1308 feet. Direction: FWL

Sec: 12 Twp: 10N Rng: 59W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/24/2014 Date TD: 08/30/2014 Date Casing Set or D&A: 08/25/2014

Rig Release Date: 08/30/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6700 TVD** 6604 Plug Back Total Depth MD 6700 TVD** 6604

Elevations GR 4952 KB 4971 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Triple Combination logs, Porosity, Induction, Microlog logs.

CASING, LINER AND CEMENT

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	1,793	840	0	1,793	VISU

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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
HYGIENE	3,634		NO	NO	
SHARON SPRINGS	6,029		NO	NO	
NIOBRARA	6,036		YES	YES-Submitted on Form 4	
FORT HAYS	6,352		NO	NO	
CODELL	6,392		YES	YES-Submitted on Form 4	
CARLILE	6,406		YES	YES-Submitted on Form 4	

Comment:

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>			
400700180	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400699653	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>			
400699406	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699489	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699492	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699493	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699501	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699502	PDF-TRIPLE COMBINATION	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)