

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



DE ET OE ES

Document Number:

400646317

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 05-123-39240-00

County: WELD

Well Name: Horsetail

Well Number: 33M-2804

Location: QtrQtr: SWSW Section: 33 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 380 feet Direction: FSL Distance: 750 feet Direction: FWL

As Drilled Latitude: 40.789023 As Drilled Longitude: -103.761795

GPS Data:

Date of Measurement: 08/04/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 1051 feet. Direction: FSL Dist.: 951 feet. Direction: FWL

Sec: 33 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 473 feet. Direction: FNL Dist.: 1150 feet. Direction: FWL

Sec: 28 Twp: 10N Rng: 57W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/15/2014 Date TD: 07/24/2014 Date Casing Set or D&A: 07/27/2014

Rig Release Date: 07/30/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14936 TVD** 5424 Plug Back Total Depth MD 14936 TVD** 5424

Elevations GR 4619 KB 4638 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

LWD, MUD, CBL, OH logs: TRIPLE COMBO, INDUCTION, POROSITY, GAMMA, Quicklook TRIPLE COMBO, CALIPER.

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	20	16	42.09	0	109		0	109	VISU
SURF	13+1/2	9+5/8	36	0	1,607	660	0	1,607	VISU
1ST	8+3/4	7	29.00	0	5,813	635	0	5,813	CBL
1ST LINER	6	4+1/2	11.60	4861	14,858	665	4,861	14,858	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:

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	
SHARON SPRINGS	5,383		NO	NO	
NIOBRARA	5,396		NO	NO	

Comment:

Well drilled 127' passed 600' setback. Form 5A will be submitted documenting that the bottom 170' of wellbore will not produce. Float Collar is a 14766. Cement fills the hole from 14766 to TD.

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: Engineering Technician

Date: _____

Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400655336	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400709506	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>		
400665684	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400700170	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709361	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709362	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709363	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709366	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709370	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709375	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400709396	PDF-GAMMA RAY	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)