

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:

400711929

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: Pauleen Tobin

Name of Operator: WHITING OIL AND GAS CORPORATION

Phone: (303) 837-1661

Address: 1700 BROADWAY STE 2300

Fax:

City: DENVER State: CO Zip: 80290

API Number 05-123-39119-00

County: WELD

Well Name: Razor

Well Number: 25B-2549

Location: QtrQtr: NWNE Section: 25 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 329 feet Direction: FNL Distance: 2090 feet Direction: FEL

As Drilled Latitude: 40.816139 As Drilled Longitude: -103.811029

## GPS Data:

Date of Measurement: 06/17/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Larry Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 634 feet. Direction: FNL Dist.: 2839 feet. Direction: FEL

Sec: 25 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 635 feet. Direction: FSL Dist.: 2696 feet. Direction: FEL

Sec: 25 Twp: 10N Rng: 58W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/21/2014 Date TD: 07/29/2014 Date Casing Set or D&amp;A: 07/31/2014

Rig Release Date: 08/01/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 10183 TVD\*\* 5761 Plug Back Total Depth MD 10183 TVD\*\* 5761

Elevations GR 4756 KB 4773 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Mud, LWD, AI, CPD/CDN, Triple Combo, GR, Caliper, RCBL

## 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	75	0	97		0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,519	667	0	1,519	VISU
1ST	8+3/4	7	29	0	6,133	410	232	6,133	CBL
1ST LINER	6	4+1/2	11.6	5127	10,169	401	5,127	10,169	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	
PIERRE	1,462		NO	NO	
HYGIENE	3,284		NO	NO	
SHARON SPRINGS	5,723		NO	NO	
NIOBRARA	5,729		NO	NO	

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>		
400712011	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400712010	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>		
400711950	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711958	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711961	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711962	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711963	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711964	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711969	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711977	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711986	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711993	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712007	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)