

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:

400789895

Date Received:

04/03/2015

## 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 &amp; GAS CORPORATION

Phone: (303) 390-4221

Address: 1700 BROADWAY STE 2300

Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

API Number 05-123-38728-00

County: WELD

Well Name: Razor

Well Number: 11G-1409A

Location: QtrQtr: SWNE Section: 11 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 2396 feet Direction: FNL Distance: 1783 feet Direction: FEL

As Drilled Latitude: 40.854041 As Drilled Longitude: -103.829660

## GPS Data:

Date of Measurement: 01/22/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 2260 feet. Direction: FSL Dist.: 2882 feet. Direction: FWL

Sec: 11 Twp: 10 Rng: 58

\*\* If directional footage at Bottom Hole Dist.: 75 feet. Direction: FSL Dist.: 2847 feet. Direction: FWL

Sec: 14 Twp: 10 Rng: 58

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/10/2015 Date TD: 02/17/2015 Date Casing Set or D&amp;A: 02/20/2015

Rig Release Date: 02/20/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 13731 TVD\*\* 5888 Plug Back Total Depth MD 13731 TVD\*\* 5888

Elevations GR 4973 KB 4990 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

LWD, MUD, CBL, Neutron (Note: Logging Waiver)

## 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	84	0	97		0	97	CALC
SURF	13+1/2	9+5/8	36	0	1,859	836	0	1,860	CALC
1ST	8+3/4	7	29	0	6,271	551	0	6,271	CBL
1ST LINER	6+1/8	4+1/2	11.60	5219	13,740				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	
PIERRE	1,522		NO	NO	
HYGIENE	3,822		NO	NO	
SHARON SPRINGS	5,802		NO	NO	
NIOBRARA	5,816		NO	NO	

Comment:

Well drilled 25' passed 100' setback. Form 5A will be submitted documenting that the bottom 29' of wellbore will not produce. Float Collars are at 13731' and 13738', packer at 13574'.

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: 4/3/2015

Email: elvera.berryman@whiting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400796703	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400811816	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>					
400789895	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400803012	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400803014	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400803015	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400803016	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400811818	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400818863	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400818864	PDF-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400818865	TIF-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400820249	PDF-CBL 3RD RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft at operator's request.	4/6/2015 12:20:09 PM

Total: 1 comment(s)