

DRILLING COMPLETION REPORT

Document Number:
400786698

Date Received:

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 & GAS CORPORATION Phone: (303) 390-4221
 Address: 1700 BROADWAY STE 2300 Fax: (303) 390-1598
 City: DENVER State: CO Zip: 80290

API Number 05-123-40777-00 County: WELD
 Well Name: Razor Well Number: 21 SWD 1
 Location: QtrQtr: NWSE Section: 21 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 2595 feet Direction: FSL Distance: 2317 feet Direction: FEL
 As Drilled Latitude: 40.823858 As Drilled Longitude: -103.869283

GPS Data:
 Date of Measurement: 03/10/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Larry D. 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) 02/04/2015 Date TD: 02/10/2015 Date Casing Set or D&A: 02/12/2015
 Rig Release Date: 02/15/2015 Per Rule 308A.b.

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

Total Depth MD 8550 TVD** _____ Plug Back Total Depth MD 8550 TVD** _____
 Elevations GR 4820 KB 4839 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
LWD, Mud, CBL, Triple Combo, Gamma Ray, 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	24+1/2	16	42.09	0	109	80		109	VISU
SURF	13+1/2	9+5/8	36.00	0	1,585	660	0	1,585	VISU
1ST	8+3/4	7	29.00	0	8,524	652	1,176	8,524	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,510		NO	NO	
HYGIENE	3,675		NO	NO	
SHARON SPRINGS	5,707		NO	NO	
NIOBRARA	5,713		NO	NO	
CODELL	6,045		NO	NO	
CARLILE	6,066		NO	NO	
GREENHORN	6,166		NO	NO	
GRANEROS	6,236		NO	NO	
X BENTONITE	6,418		NO	NO	
D SAND	6,526		NO	NO	
HUNTSMAN	6,564		NO	NO	
J SAND	6,625		NO	NO	
SKULL CREEK	6,678		NO	NO	
LAKOTA	6,835		NO	NO	
DAKOTA	6,849		NO	NO	
MORRISON	6,975		NO	NO	
SUNDANCE	7,247		NO	NO	
ENTRADA	7,284		NO	NO	
PARKMAN	7,310		NO	NO	
LYKINS	7,347		NO	NO	
MINNEKAHTA	7,616		NO	NO	
BLAINE	7,671		NO	NO	
LYONS	7,709		NO	NO	
LOWER SATANKA	7,772		NO	NO	
WOLFCAMP	8,029		NO	NO	
AMAZON	8,103		NO	NO	
COUNCIL GROVE	8,166		NO	NO	
NEVA	8,290		NO	NO	
ADMIRE	8,345		NO	NO	
PENNSYLVANIAN	8,447		NO	NO	
VIRGIL	8,452		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: Elvera Berryman

Title: Engineering Technician Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400786700	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400809694	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>			
400786698	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796869	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796870	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796871	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796873	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796875	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796876	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796877	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809427	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814265	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814266	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400827912	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)