

DRILLING COMPLETION REPORT

Document Number:
400846942

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 05-123-38508-00 County: WELD
 Well Name: Razor Well Number: 22D-2703A
 Location: QtrQtr: NWNW Section: 22 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 381 feet Direction: FNL Distance: 693 feet Direction: FWL
 As Drilled Latitude: 40.830215 As Drilled Longitude: -103.858553

GPS Data:
 Date of Measurement: 10/28/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 712 feet. Direction: FNL Dist.: 933 feet. Direction: FWL
 Sec: 22 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 2541 feet. Direction: FNL Dist.: 855 feet. Direction: FWL
 Sec: 27 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) 05/27/2015 Date TD: 06/04/2015 Date Casing Set or D&A: 06/05/2015
 Rig Release Date: 06/07/2015 Per Rule 308A.b.

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

Total Depth MD 13236 TVD** 5744 Plug Back Total Depth MD 13236 TVD** 5744
 Elevations GR 4831 KB 4852 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
LWD, Mud, CBL(Note: Logging Waiver, Neutron log run on Razor 22D-2208)

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	65	0	101		0	101	VISU
SURF	13+1/2	9+5/8	36	0	1,678	719	0	1,678	VISU
1ST	8+3/4	7	29	0	6,118	635	122	6,118	CBL
1ST LINER	6+1/8	4+1/2	11.60	5073	13,226	676	5,073	13,226	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	1,512		NO	NO	
HYGIENE	3,415		NO	NO	
SHARON SPRINGS	5,693		NO	NO	
NIOBRARA	5,699		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: Engineer Tech Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400846945	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400856268	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"/>
Other Attachments			
400851481	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400851483	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400851484	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400851485	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400856251	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400856265	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)