

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:

401053873

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 & GAS CORPORATION

Phone: (303) 390-4221

Address: 1700 BROADWAY STE 2300

Fax: (303) 390-1598

City: DENVER State: CO Zip: 80290

API Number 05-123-41836-00

County: WELD

Well Name: Horsetail

Well Number: 07H-0613

Location: QtrQtr: SENE Section: 7 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 2634 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.853420 As Drilled Longitude: -103.787659

GPS Data:

Date of Measurement: 04/11/2016 PDOP Reading: 1.6 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2410 feet. Direction: FNL Dist.: 1162 feet. Direction: FEL

Sec: 7 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 630 feet. Direction: FNL Dist.: 1152 feet. Direction: FEL

Sec: 6 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) 06/16/2016 Date TD: 06/19/2016 Date Casing Set or D&A: 06/19/2016

Rig Release Date: 06/21/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13387 TVD** 5729 Plug Back Total Depth MD 13387 TVD** 5729

Elevations GR 4897 KB 4918 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

LWD, Mud, CBL (Note: Neutron log run on Horsetail 07H-1815)

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	2,056	665	0	2,056	VISU
1ST	8+1/2	5+1/2	20	0	13,387	2,260	880	13,387	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	1,695		NO	NO	
HYGIENE	3,435		NO	NO	
SHARON SPRINGS	5,717		NO	NO	
NIOBRARA	5,725		NO	NO	

Comment:

Top of producing zone location is estimated based on the depth of the bottom marker joint. Form 5a will be filed updating the top of producing zone with the actual location of the top perforation.

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>			
401065318	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401080377	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>			
401076544	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401080378	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401081792	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401081793	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401089171	PDF-CBL 1ST RUN	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)