

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:

401052026

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 05-123-41830-00

County: WELD

Well Name: Horsetail

Well Number: 07H-1847

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

Footage at surface: Distance: 2637 feet Direction: FNL Distance: 568 feet Direction: FEL

As Drilled Latitude: 40.853549 As Drilled Longitude: -103.787329

GPS Data:

Date of Measurement: 04/11/2016 PDOP Reading: 1.5 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2487 feet. Direction: FSL Dist.: 592 feet. Direction: FEL

Sec: 7 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 57 feet. Direction: FSL Dist.: 631 feet. Direction: FEL

Sec: 18 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) 05/20/2016 Date TD: 05/24/2016 Date Casing Set or D&A: 05/25/2016

Rig Release Date: 05/26/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14095 TVD** 6002 Plug Back Total Depth MD 14095 TVD** 6002

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	2,049	892	0	2,049	VISU
1ST	8+1/2	5+1/2	20	0	14,093	2,415	1,498	14,093	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	5,698		NO	NO	
NIOBRARA	5,704		NO	NO	
FORT HAYS	5,978		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.
Well drilled 43' passed 100' setback. Form 5A will be submitted documenting that the bottom 50.9' of wellbore will not produce.
Tartan Sub is a 13,998.5'. Float Collar is a 14,044.1'. Cement fills the hole from 14,044.1' to TD.

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>		
401053130	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401081395	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>		
401078105	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401078106	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401078108	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401078109	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401081396	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401089256	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)