

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:

401100176

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: Pauleen Tobin

Name of Operator: WHITING OIL & GAS CORPORATION

Phone: (303) 837-1661

Address: 1700 BROADWAY STE 2300

Fax:

City: DENVER State: CO Zip: 80290

API Number 05-123-42850-00

County: WELD

Well Name: Horsetail

Well Number: 08C-1708

Location: QtrQtr: NENW Section: 8 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 380 feet Direction: FNL Distance: 2320 feet Direction: FWL

As Drilled Latitude: 40.859786 As Drilled Longitude: -103.777025

GPS Data:

Date of Measurement: 05/02/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 771 feet. Direction: FNL Dist.: 2631 feet. Direction: FWL

Sec: 8 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 2768 feet. Direction: FSL Dist.: 2518 feet. Direction: FWL

Sec: 17 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) 05/10/2016 Date TD: 05/14/2016 Date Casing Set or D&A: 05/11/2016

Rig Release Date: 05/14/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13353 TVD** 5766 Plug Back Total Depth MD 13353 TVD** 5766

Elevations GR 4913 KB 4934 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, LWD

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 | 2,021 | 660 | 0 | 2,021 | 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 | 1,695 | | NO | NO | |
| HYGIENE | 3,435 | | NO | NO | |
| SHARON SPRINGS | 5,667 | | NO | NO | |
| NIOBRARA | 5,674 | | NO | NO | |

Comment:

TPZ is estimated based on estimated location of lower Marker joint at 6290'.
Sidetracked

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Pauleen Tobin

Title: Engineer Tech Date: _____ Email: pollyt@whiting.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 401100186 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 401100187 | 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> | | | | | |
| 401100188 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401100201 | LAS-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401100202 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401100203 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401100204 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|--|
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|--|--|--|

Total: 0 comment(s)