

FORM 5
Rev 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)