

**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.

Document Number:  
401145041

Date Received:

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 05-123-42638-00 County: WELD

Well Name: Razor Well Number: 25N-2406

Location: QtrQtr: SESW Section: 25 Township: 10N Range: 58W Meridian: 6

Footage at surface: Distance: 355 feet Direction: FSL Distance: 2010 feet Direction: FWL

As Drilled Latitude: 40.803412 As Drilled Longitude: -103.815187

GPS Data:  
Date of Measurement: 06/28/2016 PDOP Reading: 1.8 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1129 feet. Direction: FSL Dist.: 1680 feet. Direction: FWL  
Sec: 25 Twp: 10N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 101 feet. Direction: FNL Dist.: 1822 feet. Direction: FWL  
Sec: 24 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) 08/18/2016 Date TD: 08/23/2016 Date Casing Set or D&A: 08/26/2016

Rig Release Date: 08/27/2016 Per Rule 308A.b.

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

Total Depth MD 16013 TVD\*\* 5841 Plug Back Total Depth MD 15659 TVD\*\* 5841

Elevations GR 4701 KB 4722 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Mud, LWD, COM, CBL

**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	100	0	101	VISU
SURF	13+1/2	9+5/8	36	0	2,022	665	0	2,022	VISU
1ST	8+3/4	7	29	0	6,624	770	110	6,624	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	1,390		NO	NO	
HYGIENE	3,123		NO	NO	
SHARON SPRINGS	5,482		NO	NO	
NIOBRARA	5,491		NO	NO	
FORT HAYS	5,776		NO	NO	
CODELL	5,821		NO	NO	
CARLILE	5,832		NO	NO	

Comment:

TIGHT HOLE: BHL within 1' of 100' setback. Wellbore is open hole.  
 TPZ is location of 7" shoe at 6623.7'.

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 ?	
<b>Attachment Checklist</b>			
401145360	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401145359	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"/>
<b>Other Attachments</b>			
401145066	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401145072	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401145109	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401145303	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401145306	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401145307	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401145309	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401159858	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)