

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:

401145041

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 05-123-42638-00

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 ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 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"/> |
| <u>Other Attachments</u> | | | |
| 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)