

DRILLING COMPLETION REPORT

Document Number:
401090470

Date Received:

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 05-123-42647-00 County: WELD
 Well Name: Razor Well Number: 250-2411
 Location: QtrQtr: SWSE Section: 25 Township: 10N Range: 58W Meridian: 6
 Footage at surface: Distance: 355 feet Direction: FSL Distance: 1950 feet Direction: FEL
 As Drilled Latitude: 40.803462 As Drilled Longitude: -103.810201

GPS Data:
 Date of Measurement: 07/25/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 541 feet. Direction: FSL Dist.: 1945 feet. Direction: FEL
 Sec: 25 Twp: 10N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 100 feet. Direction: FNL Dist.: 1804 feet. Direction: FEL
 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) 08/31/2016 Date TD: 09/04/2016 Date Casing Set or D&A: 09/06/2016
 Rig Release Date: 09/07/2016 Per Rule 308A.b.

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

Total Depth MD 15771 TVD** 5535 Plug Back Total Depth MD 15723 TVD** 5536
 Elevations GR 4718 KB 4739 **Digital Copies of ALL Logs must be Attached per Rule 308A**

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

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	2,106	670	0	2,106	VISU
1ST	8+1/2	5+1/2	20	0	15,769	2,665	0	15,769	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	1,380		NO	NO	
HYGIENE	3,113		NO	NO	
SHARON SPRINGS	5,505		NO	NO	
NIOBRARA	5,512		NO	NO	

Comment:

Well drilled within setbacks. Tartan sub at 15680.8' (lowest completed interval), Float Collar is at 15722.6'.
TPZ is estimated based on estimated location of lower Marker joint at 5803' and will be corrected to actual top perf on form 5a.
Estimated date for well completion is 01/01/2018.

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			
401102598	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401168693	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			
401119070	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401119072	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401119073	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401119074	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401119075	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401168633	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401168634	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401168696	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)