

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:

401131941

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 05-123-42870-00

County: WELD

Well Name: Horsetail

Well Number: 30E-1903

Location: QtrQtr: Lot 2 Section: 30 Township: 10N Range: 57W Meridian: 6

Footage at surface: Distance: 2322 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.810730 As Drilled Longitude: -103.801015

GPS Data:

Date of Measurement: 09/09/2016 PDOP Reading: 2.1 GPS Instrument Operator's Name: Michael Brown

** If directional footage at Top of Prod. Zone Dist.: 2197 feet. Direction: FNL Dist.: 719 feet. Direction: FWL

Sec: 30 Twp: 10N Rng: 57W

** If directional footage at Bottom Hole Dist.: 108 feet. Direction: FNL Dist.: 787 feet. Direction: FWL

Sec: 19 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) 10/11/2016 Date TD: 10/14/2016 Date Casing Set or D&A: 10/15/2016

Rig Release Date: 10/15/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13840 TVD** 5616 Plug Back Total Depth MD 13780 TVD** 5614

Elevations GR 4718 KB 4739 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

LWD, Mud, 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	0	0	101	VISU
SURF	13+1/2	9+5/8	36	0	2,069	765	0	2,069	VISU
1ST	8+1/2	5+1/2	20	0	13,827	2,315	50	13,827	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	1,419		NO	NO	
HYGIENE	3,195		NO	NO	
SHARON SPRINGS	5,882		NO	NO	
NIOBRARA	5,895		NO	NO	

Comment:

Well drilled within 100' setback.
Tartan sub at 13736.3' (lowest completed interval), Float Collar is at 13779.6'.
TPZ is estimated based on estimated location of lower Marker joint at 6453' 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: Engineering Techn Date: _____ Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401131998	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401192704	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>		
401192694	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401192695	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401192696	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401192697	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401192700	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401192705	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)