

**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



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Document Number:  
401118068

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 05-123-42873-00 County: WELD  
 Well Name: Horsetail Well Number: 30E-3136  
 Location: QtrQtr: Lot 2 Section: 30 Township: 10N Range: 57W Meridian: 6  
 Footage at surface: Distance: 2372 feet Direction: FNL Distance: 689 feet Direction: FWL  
 As Drilled Latitude: 40.810591 As Drilled Longitude: -103.800913

GPS Data:  
 Date of Measurement: 09/09/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Michael Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 2463 feet. Direction: FSL Dist.: 1111 feet. Direction: FWL  
 Sec: 30 Twp: 10N Rng: 57W  
 \*\* If directional footage at Bottom Hole Dist.: 101 feet. Direction: FSL Dist.: 985 feet. Direction: FWL  
 Sec: 31 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) 09/24/2016 Date TD: 09/28/2016 Date Casing Set or D&A: 09/29/2016  
 Rig Release Date: 09/29/2016 Per Rule 308A.b.

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

Total Depth MD 13927 TVD\*\* 5790 Plug Back Total Depth MD 13860 TVD\*\* 5789

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	101	VISU
SURF	13+1/2	9+5/8	36	0	2,081	670	0	2,081	VISU
1ST	8+1/2	5+1/2	20.00	0	13,908	2,310	0	13,908	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	1,408		NO	NO	
HYGIENE	3,154		NO	NO	
SHARON SPRINGS	5,648		NO	NO	
NIOBRARA	5,654		NO	NO	

Comment:

Well drilled within 100' setback. Form 5A will be submitted documenting that the bottom 111.2' of wellbore will not produce. Tartan sub at 13815.8' (lowest completed interval), Float Collar is at 13860.2'.  
TPZ is estimated based on estimated location of lower Marker joint at 6202' 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 Tech

Date: \_\_\_\_\_

Email: pollyt@whiting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
401131928	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401194761	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><u>Other Attachments</u></b>			
401136342	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401136343	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401136346	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401136347	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401192591	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401192607	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)