

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:
401218275

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 05-123-43032-00 County: WELD
Well Name: Horsetail Well Number: 30G-3139
Location: QtrQtr: SWNE Section: 30 Township: 10N Range: 57W Meridian: 6
Footage at surface: Distance: 2376 feet Direction: FNL Distance: 2160 feet Direction: FEL
As Drilled Latitude: 40.810527 As Drilled Longitude: -103.792346

GPS Data:
Date of Measurement: 10/05/2016 PDOP Reading: 3.0 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 2334 feet. Direction: FSL Dist.: 2916 feet. Direction: FEL
Sec: 30 Twp: 10N Rng: 57W
** If directional footage at Bottom Hole Dist.: 100 feet. Direction: FSL Dist.: 2014 feet. Direction: FEL
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) 01/05/2017 Date TD: 01/10/2017 Date Casing Set or D&A: 01/13/2017
Rig Release Date: 01/14/2017 Per Rule 308A.b.

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

Total Depth MD 13980 TVD** 5807 Plug Back Total Depth MD 13919 TVD** 5809

Elevations GR 4738 KB 4759 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Mud, LWD, TPC, CBL (NOTE: Full set of logs run Horsetail 30G-1912)

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	2,098	670	0	2,098	VISU
1ST	8+1/2	5+1/2	20	0	13,967	2,330	80	13,967	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	1,400		NO	NO	
HYGIENE	3,133		NO	NO	
SHARON SPRINGS	5,480		NO	NO	
NIOBRARA	5,483		NO	NO	
FORT HAYS	5,762		NO	NO	
CODELL	5,801		NO	NO	
CARLILE	5,814		NO	NO	

Comment:

Well drilled within setbacks. Form 5A will be submitted documenting that the bottom 105.4' of wellbore will not produce. Tartan sub at 13874.6' (lowest completed interval), Float Collar is at 13919.4'.
TPZ is estimated based on estimated location of lower Marker joint at 6415' 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			
401218316	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401218325	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			
401218291	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218293	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218295	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218296	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218298	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218305	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218315	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218326	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)