

FORM  
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Rev  
11/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402530638

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: <u>96155</u>	Contact Name: <u>Bethany Kerley</u>
Name of Operator: <u>WHITING OIL &amp; GAS CORPORATION</u>	Phone: <u>(303) 802-8376</u>
Address: <u>1700 LINCOLN STREET SUITE 4700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>bethany.kerley@whiting.com</u>

API Number <u>05-123-39258-00</u>	County: <u>WELD</u>
Well Name: <u>Razor</u>	Well Number: <u>33M-2804</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>33</u> Township: <u>10N</u> Range: <u>58W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>565</u> feet Direction: <u>FSL</u> Distance: <u>771</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.789188</u> As Drilled Longitude: <u>-103.876527</u>	
GPS Data: GPS Quality Value: <u>2.2</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/22/2015</u>	

** If directional footage at Top of Prod. Zone	Dist: <u>837</u> feet	Direction: <u>FSL</u>	Dist: <u>1030</u> feet	Direction: <u>FWL</u>
Sec: <u>33</u> Twp: <u>10N</u> Rng: <u>58W</u>				
		FNL/FSL		FEL/FWL

** If directional footage at Bottom Hole	Dist: <u>2540</u> feet	Direction: <u>FSL</u>	Dist: <u>1160</u> feet	Direction: <u>FWL</u>
Sec: <u>28</u> Twp: <u>10N</u> Rng: <u>58W</u>				

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 12/20/2014 Date TD: 12/28/2014 Date Casing Set or D&A: 12/28/2014

Rig Release Date: 01/19/2015 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 13178 TVD\*\* 5744 Plug Back Total Depth MD 13122 TVD\*\* 5742

Elevations GR 4729 KB 4748 Digital Copies of ALL Logs must be Attached

List All Logs Run:

MWD/LWD, MUD LOG, CBL, CAL (NEU run on API: 05-123-39256)

### CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	J-55	84	0	109	122	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1567	495	1567	0	VISU
1ST	8+3/4	7	P-110	29	0	6171	660	6171	300	CBL
1ST LINER	6	4+1/2	P-110	11.6	5054	13167	555	13178	5054	CALC

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold 470 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

### 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	1,653		NO	NO	
HYGIENE	3,633		NO	NO	
SHARON SPRINGS	5,605		NO	NO	
NIOBRARA	5,613		NO	NO	

Operator Comments:

Well was drilled and completed within setbacks.

No open hole resistivity log run. NEU log run on Razor 33M-2801, API 123-39256-00. One of the first wells drilled on the pad will be logged with an open-hole resistivity log with gamma-ray from TD to into the surface casing.

GPS taken after RR  
 TPZ corrected to 837 FSL, 1030 FWL based on top perf at 6193'  
 BHL provided by survey company  
 Corrected PBSD-MD/TVD.  
 Corrected well logs names to their standard industry abbreviations  
 Corrected KB/GL  
 Corrected Casing statuses. Conductor and Surface (CALC to VISU) and 1st Liner (VISU to CALC.).  
 Corrected surface cement SX  
 Corrected 1st Liner depth  
 Changed 2nd string to First Liner  
 Corrected TOC per engineer interpretation of CBL  
 Corrected 1st string cement bottom to TD  
 Added API to all cement tickets  
 Added casing grades for all casing types  
 Added cement sacks for conductor, corrected conductor weight  
 Attached .las format of CBL from surface to KOP  
 Attached MWD MD/TVD.pdf and .las logs with correct API, location and KB/GR on log header

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Bethany Kerley

Title: Engineering Tech III Date: \_\_\_\_\_ Email: bethany.kerley@whiting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402545548	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402545576	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>			
402545520	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545521	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545524	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545530	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545534	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545536	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545561	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545587	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402545712	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

