

FORM
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Rev
11/20

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402558552

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>Pauleen Tobin</u>
Name of Operator: <u>WHITING OIL & GAS CORPORATION</u>	Phone: <u>(303) 390-4267</u>
Address: <u>1700 LINCOLN STREET SUITE 4700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>pollyt@whiting.com</u>

API Number <u>05-123-40213-00</u>	County: <u>WELD</u>
Well Name: <u>Razor Fed</u>	Well Number: <u>30K-3106</u>
Location: QtrQtr: <u>NESW</u> Section: <u>30</u> Township: <u>10N</u> Range: <u>58W</u> Meridian: <u>6</u>	
FNL/FSL FEL/FWL	
Footage at surface: Distance: <u>2270</u> feet Direction: <u>FSL</u> Distance: <u>1842</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.808277</u> As Drilled Longitude: <u>-103.910296</u>	
GPS Data: GPS Quality Value: <u>1.8</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>06/05/2015</u>	
FNL/FSL FEL/FWL	
** If directional footage at Top of Prod. Zone Dist: <u>2348</u> feet Direction: <u>FSL</u> Dist: <u>1714</u> feet Direction: <u>FWL</u>	
Sec: <u>30</u> Twp: <u>10N</u> Rng: <u>58W</u>	
FNL/FSL FEL/FWL	
** If directional footage at Bottom Hole Dist: <u>631</u> feet Direction: <u>FSL</u> Dist: <u>1822</u> feet Direction: <u>FWL</u>	
Sec: <u>31</u> Twp: <u>10N</u> Rng: <u>58W</u>	
Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Number: <u>16950</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 07/10/2015 Date TD: 07/17/2015 Date Casing Set or D&A: 07/18/2015
Rig Release Date: 07/28/2015 Per Rule 308A.b.

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

Total Depth MD <u>13488</u> TVD** <u>5998</u> Plug Back Total Depth MD <u>13439</u> TVD** <u>5998</u>
Elevations GR <u>4828</u> KB <u>4849</u> Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/>

List All Logs Run:
MWD/LWD, Mud log, CBL (Triple Combo run in API 05-123-36121-00)

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	H-40	65	0	101	122	101	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1614	697	1614	0	VISU
1ST	8+3/4	7	L-80	29	0	6451	602	6451	710	CBL
1ST LINER	6+1/8	4+1/2	P-110	11.6	5331	13480	720	13488	5331	CALC

Bradenhead Pressure Action Threshold 484 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	1,400		NO	NO	
HYGIENE	3,355		NO	NO	
SHARON SPRINGS	5,775		NO	NO	
NIOBRARA	5,781		NO	NO	

Operator Comments:

Well drilled and completed within setbacks.

Open Hole Logging Exception - No Open Hole Logs were Run. Triple Combo run on Razor 30K-3107 05-123-36121-00. Approved open hole logging exception approves a cased hole neutron and gamma ray log run on one of the first wells drilled on the Razor 30K pad.

GPS taken off of conductor prior to surface spud
 TPZ location is based on top perf at 6482'
 BHL provided by survey company
 Corrected PBSD MD/TVD
 Corrected RR date to last well on pad
 Added casing grade to all strings
 Corrected TOC per engineer interpretation of CBL
 Corrected 1st liner cement bottom to TD per directional survey
 Attached Surface, 1 string and 1st liner cement reports with corrected location, casing and shoe depths
 Added Eng'r calculated sacks of cement for conductor
 Attached CBL.las logs from surface to KOP, added location on las log header
 Added API, location and KB to MWD log headers
 Corrected API, lat/longs, spud date on Mud log header
 Revised and uploaded directional data with added location & API
 Field name unchanged per Eden COGCC Permitting
 Corrected well logs names to their standard industry abbreviations

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: Regulatory Compliance Date: _____ Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402558812	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402558815	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			
402558602	LAS-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558603	PDF-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558606	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402558816	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402559238	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402567304	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402567306	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

