

FORM
5
Rev
02/08

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:

400513136

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

1. OGCC Operator Number: 96155
2. Name of Operator: WHITING OIL AND GAS CORPORATION
3. Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290
4. Contact Name: Pauleen Tobin
Phone: (303) 837-1661
Fax: (303) 495-6780

5. API Number 05-123-37744-00
6. County: WELD
7. Well Name: Razor
Well Number: 27L-3404B
8. Location: QtrQtr: NWSW Section: 27 Township: 10N Range: 58W Meridian: 6
Footage at surface: Distance: 2447 feet Direction: FSL Distance: 726 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone
Dist.: 1728 feet. Direction: FSL Dist.: 1081 feet. Direction: FWL
Sec: 27 Twp: 10N Rng: 58W

** If directional footage at Bottom Hole
Dist.: 615 feet. Direction: FSL Dist.: 1171 feet. Direction: FWL
Sec: 34 Twp: 10N Rng: 58W

9. Field Name: WILDCAT
10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/11/2013
13. Date TD: 08/21/2013
14. Date Casing Set or D&A: 08/24/2013

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

16. Total Depth MD 12490 TVD** 5689
17 Plug Back Total Depth MD 12490 TVD** 5689

18. Elevations GR 4755 KB 4772
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
LWD, Mud, RCBL

20. Casing, Liner and Cement:

CASING

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	75	0	80		0	80	CALC
SURF	13+1/2	9+5/8	36	0	1,554	719	0	1,554	CALC
1ST	8+3/4	7	29	0	6,082	452	160	6,082	CBL
1ST LINER	6	4+1/2	11.6	5005	12,480				

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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,440		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	3,227		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,687		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,696		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Missing LAS LWD log

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			
400551266	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400513144	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			
400513140	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400513149	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400552378	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400552379	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554978	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)