

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:
401239988

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 05-123-42109-00 County: WELD
 Well Name: Horsetail Fed Well Number: 07G-0642
 Location: QtrQtr: SWNE Section: 7 Township: 10N Range: 57W Meridian: 6
 Footage at surface: Distance: 2644 feet Direction: FNL Distance: 1768 feet Direction: FEL
 As Drilled Latitude: 40.853501 As Drilled Longitude: -103.791673

GPS Data:
 Date of Measurement: 03/01/2016 PDOP Reading: 1.9 GPS Instrument Operator's Name: Larry D. Brown

** If directional footage at Top of Prod. Zone Dist.: 2413 feet. Direction: FNL Dist.: 2292 feet. Direction: FEL
 Sec: 7 Twp: 10N Rng: 57W
 ** If directional footage at Bottom Hole Dist.: 588 feet. Direction: FNL Dist.: 2309 feet. Direction: FEL
 Sec: 6 Twp: 10N Rng: 57W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: COC75059

Spud Date: (when the 1st bit hit the dirt) 01/28/2017 Date TD: 01/31/2017 Date Casing Set or D&A: 02/02/2017
 Rig Release Date: 02/08/2017 Per Rule 308A.b.

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

Total Depth MD 13648 TVD** 6009 Plug Back Total Depth MD 13593 TVD** 6009
 Elevations GR 4892 KB 4913 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, LWD, RCBL (Note: Neutron log run on Horsetail Fed 07G-0612)

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	100	0	101	VISU
SURF	13+1/2	9+5/8	36	0	2,071	630	0	2,071	VISU
1ST	8+1/2	5+1/2	20	0	13,639	2,330	82	13,639	CALC

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	
HYGIENE	1,685		NO	NO	
NIOBRARA	3,535		NO	NO	
PIERRE	5,670		NO	NO	
SHARON SPRINGS	5,682		NO	NO	
FORT HAYS	5,982		NO	NO	
CODELL	6,005		NO	NO	

Comment:

BHL was drilled 12' too far north of a 600' setback. Form 5A will be submitted documenting that the bottom 100' of wellbore will not produce. Tartan Sub is at 13548.0' (lowest interval to complete) , Float Collar is at 13592.5'.
TPZ is estimated based on estimated location of lower Marker joint at 6512' and will be corrected to actual top perf on form 5a.
Estimated date for well completion is 07/01/2017.

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			
401240551	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401240556	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			
401240541	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240542	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240543	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240544	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240545	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240558	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)