

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:
400447769

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: scott Webb
Phone: (303) 390-4095
Fax: (303) 390-5590

5. API Number 05-123-37506-00
6. County: WELD
7. Well Name: Horsetail Well Number: 16B-1610B
8. Location: QtrQtr: NWNE Section: 16 Township: 10N Range: 57W Meridian: 6
Footage at surface: Distance: 395 feet Direction: FNL Distance: 2158 feet Direction: FEL
As Drilled Latitude: 40.845272 As Drilled Longitude: -103.754508

GPS Data:
Date of Measurement: 04/01/2013 PDOP Reading: 1.2 GPS Instrument Operator's Name: Dallas Nelson

** If directional footage at Top of Prod. Zone Dist.: 657 feet. Direction: FNL Dist.: 2052 feet. Direction: FEL
Sec: 16 Twp: 10N Rng: 57W
** If directional footage at Bottom Hole Dist.: 775 feet. Direction: FNL Dist.: 2060 feet. Direction: FEL
Sec: 16 Twp: 10N Rng: 57W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 1004-9

12. Spud Date: (when the 1st bit hit the dirt) 07/07/2013 13. Date TD: 07/12/2013 14. Date Casing Set or D&A: 07/12/2013

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

16. Total Depth MD 5724 TVD** 5550 17 Plug Back Total Depth MD 4500 TVD** 4498

18. Elevations GR 4776 KB 4793
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:
Well was plugged back in preparation to be sidetracked to avoid damaged hole.

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
SURF	13+1/2	9+5/8	36	0	1,833	837	0	1,833	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	4,500	507	4,500	5,724

Details of work:

Cement kick off plug for preparation to sidetrack.

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	
SHARON SPRINGS	5,522	5,585	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,585		<input type="checkbox"/>	<input type="checkbox"/>	Niobrara not completed

Comment:

Well was plugged back in preparation of sidetracking.

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

Signed: _____ Print Name: Scott M. Webb

Title: Regulatory & Permitting M Date: _____ Email: scottw@whiting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400447823	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400447829	WELLBORE DIAGRAM	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)