

**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: 400424274 | | | |
| 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 | 4. Contact Name: Pauleen Tobin |
| 2. Name of Operator: WHITING OIL AND GAS CORPORATION | Phone: (303) 837-1661 |
| 3. Address: 1700 BROADWAY STE 2300 | Fax: (303) 495-6780 |
| City: DENVER State: CO Zip: 80290 | |

| | |
|---|-----------------------------------|
| 5. API Number 05-123-36127-00 | 6. County: WELD |
| 7. Well Name: Wildhorse | Well Number: 18-1844H |
| 8. Location: QtrQtr: NENE Section: 18 Township: 9N Range: 59W Meridian: 6 | |
| Footage at surface: Distance: 320 feet Direction: FNL | Distance: 660 feet Direction: FEL |
| As Drilled Latitude: 40.756886 | As Drilled Longitude: -104.014031 |

GPS Data:

Data of Measurement: 06/22/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Dallas Nelson

** If directional footage at Top of Prod. Zone Dist.: 924 feet. Direction: FNL Dist.: 639 feet. Direction: FEL

Sec: 18 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 687 feet. Direction: FSL Dist.: 626 feet. Direction: FEL

Sec: 18 Twp: 9N Rng: 59W

| | |
|---|-------------------------|
| 9. Field Name: WILDCAT | 10. Field Number: 99999 |
| 11. Federal, Indian or State Lease Number: COC-067758 | |

12. Spud Date: (when the 1st bit hit the dirt) 02/05/2013 13. Date TD: 02/14/2013 14. Date Casing Set or D&A: 02/14/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10333 TVD** 6274 17 Plug Back Total Depth MD 10333 TVD** 6274

18. Elevations GR 5026 KB 5043 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:

Mud, RCBL, CIL

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 | 1,830 | 860 | 0 | 1,820 | CALC |
| 1ST | 8+3/4 | 7 | 29 | 0 | 6,620 | 456 | 450 | 6,620 | CBL |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 5529 | 10,323 | | | | |

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 | 1,723 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 3,556 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,193 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,203 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

As drilled GPS information will be filed with a Fm 4 at a later date.

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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400429317 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400424345 | 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> | | | | | |
| 400424342 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400438394 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400447516 | LAS-CALIPER | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400447522 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400456256 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400456257 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400456258 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)