

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">1633198</div>				
The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.							

1. OGCC Operator Number: <u>96155</u>	4. Contact Name: <u>PAULEEN TOBIN</u>
2. Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>	Phone: <u>(303) 837-1661</u>
3. Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>(303) 390-5580</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	

5. API Number <u>05-103-11038-01</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>BOIES</u>	Well Number: <u>C-5F-F3</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>5</u> Township: <u>3S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	

<u>Completed Interval</u>	
FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/29/2010</u>	Date of First Production this formation: <u>11/08/2010</u>
Perforations Top: <u>6526</u> Bottom: <u>7974</u>	No. Holes: <u>64</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>6526'-755' - 27000# 100 MESH, 137300# 30/50 SAND, 6366 BBLs SLICK WTR.</u> <u>6790'-7270' - 49900# 100 MESH, 255100# 30/50 SAND, 11396 BBLs SLICK WTR.</u> <u>7688'-975' - 15000# 100 MESH, 77400# 30/50 SAND, 4548 BBLs SLICK WTR.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>12/07/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>346</u> Bbls H2O: <u>115</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>346</u> Bbls H2O: <u>115</u> GOR: _____
Test Method: <u>SEPARATOR/EFM</u> Casing PSI: <u>650</u> Tubing PSI: <u>350</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1060</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9643</u> Tbg setting date: <u>11/30/2010</u> Packer Depth: _____	
Reason for Non-Production:	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: ENGINEERING TECH Date: 1/24/2011 Email POLLT@WHITING.COM
:

Attachment Check List

Att Doc Num	Name
1633198	FORM 5A SUBMITTED
1633199	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)