

FORM
5A

Rev
06/12

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:
400706881

Date Received:

COMPLETED INTERVAL REPORT

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>Elvera Berryman</u>
2. Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>	Phone: <u>(303) 390-4221</u>
3. Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>(303) 390-1598</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>elvera.berryman@whiting.com</u>

5. API Number <u>05-123-38529-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>11E-1401A</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>11</u> Township: <u>10N</u> Range: <u>58W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/05/2014 End Date: 05/13/2014 Date of First Production this formation: 07/02/2014
Perforations Top: 6345 Bottom: 13460 No. Holes: 1440 Hole size: 3/8
Provide a brief summary of the formation treatment: _____ Open Hole:

Cemented Liner 40 staged intervals:
Tot. Slickwater vol. 31494bbl; QuadraFrac Crosslink Gel 67935bbl; Liner Gel 20045bbl; Slurry Tot.: 125901.50 bbl; Total 15% HCL used: 981bbl. Total Proppant: 4938099.5#16/30 White Sand; 120089.8#40/70 White Sand. See attached wellbore diagram for details.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 120456 Max pressure during treatment (psi): 4462
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73
Total acid used in treatment (bbl): 981 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 52091
Fresh water used in treatment (bbl): 120456 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 5058189 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/16/2014 Hours: 24 Bbl oil: 424 Mcf Gas: 142 Bbl H2O: 536
Calculated 24 hour rate: Bbl oil: 424 Mcf Gas: 142 Bbl H2O: 536 GOR: 335
Test Method: Separator Casing PSI: 0 Tubing PSI: 140 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1249 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5955 Tbg setting date: 06/14/2014 Packer Depth: 5955

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

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

Signed: _____ Print Name: Elvera Berryman
Title: elvera.berryman@whiting.c Date: _____ Email Engineer Tech

Attachment Check List

Att Doc Num	Name
400707000	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)