

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:
400824826

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.

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|---|---|
| 1. OGCC Operator Number: <u>96155</u> | 4. Contact Name: <u>Elvera Berryman</u> |
| 2. Name of Operator: <u>WHITING OIL & 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> |

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|---|-------------------------------|
| 5. API Number <u>05-123-38731-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>Razor</u> | Well Number: <u>11G-0209A</u> |
| 8. Location: QtrQtr: <u>SWNE</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: 05/09/2015 End Date: 05/13/2015 Date of First Production this formation: 07/10/2015
Perforations Top: 6339 Bottom: 13538 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:

Number of sleeves: 35.
Type of the fluid: Slick Water.
Total proppant: 3827243# Ottawa 30/50; 94716# Ottawa 40/70.
See attached wellbore diagram for details.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 184631 Max pressure during treatment (psi): 7854
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): 0.80
Total acid used in treatment (bbl): 0 Number of staged intervals: 35
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7511
Fresh water used in treatment (bbl): 184631 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3921960 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/11/2015 Hours: 24 Bbl oil: 311 Mcf Gas: 47 Bbl H2O: 323
Calculated 24 hour rate: Bbl oil: 311 Mcf Gas: 47 Bbl H2O: 323 GOR: 151
Test Method: Separator Casing PSI: 925 Tubing PSI: 450 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1359 API Gravity Oil: 35
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6014 Tbg setting date: 07/09/2015 Packer Depth: 5998

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: Ready to submit. Need check if sleeves, should we provide Tops and Btm depths.

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: Engineering Technician Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400886959 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)