

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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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: 96155 4. Contact Name: Anna Cillo
 2. Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 390-1328
 3. Address: 1700 BROADWAY STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80290 Email: anna.cillo@whiting.com

5. API Number 05-123-40213-00 6. County: WELD
 7. Well Name: Razor Fed Well Number: 30K-3106
 8. Location: QtrQtr: NESW Section: 30 Township: 10N Range: 58W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/07/2015 End Date: 09/14/2015 Date of First Production this formation: 10/16/2015

Perforations Top: 6482 Bottom: 13313 No. Holes: 1157 Hole size: 3

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

Stimulation Method: Plug & Perf; Liner Isolation: Cement; Primary Fluid Type: Slickwater (200,461 bbls); Secondary Fluid Type: 15% HCl Acid (709 bbls); Other Fluid Type: Treated Water (3,192 bbls); Proppant Types: Sand 30/50 = 4,746,130 and Sand 40/70 = 115,490; Number of staged intervals: 30; Number of stages perforated: 30

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 204362 Max pressure during treatment (psi): 8736

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): 709 Number of staged intervals: 30

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 15398

Fresh water used in treatment (bbl): 203653 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4861620 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/07/2015 Hours: 24 Bbl oil: 514 Mcf Gas: 366 Bbl H2O: 1582

Calculated 24 hour rate: Bbl oil: 514 Mcf Gas: 366 Bbl H2O: 1582 GOR: 712

Test Method: Separator Casing PSI: 110 Tubing PSI: 380 Choke Size: 24

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1497 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5978 Tbg setting date: 10/24/2015 Packer Depth: 5978

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:

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

Signed: _____ Print Name: Anna Cillo

Title: Engineering Technician Date: _____ Email: anna.cillo@whiting.com

Attachment Check List

Att Doc Num **Name**

400968430	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)