

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received: 06/05/2015

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, reoperation 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
2. Name of Operator: WHITING OIL & GAS CORPORATION
3. Address: 1700 BROADWAY STE 2300 City: DENVER State: CO Zip: 80290
4. Contact Name: Elvera Berryman Phone: (303) 390-4221 Fax: (303) 390-1598 Email: elvera.berryman@whiting.com

5. API Number 05-123-40777-00
6. County: WELD
7. Well Name: Razor Well Number: 21 SWD 1
8. Location: QtrQtr: NWSE Section: 21 Township: 10N Range: 58W Meridian: 6
9. Field Name: DJ BASIN INJECTION Field Code: 16960

Completed Interval

FORMATION: AMAZON Status: COMMINGLED Treatment Type: ACID JOB
Treatment Date: 04/30/2015 End Date: 04/30/2015 Date of First Production this formation:
Perforations Top: 8123 Bottom: 8135 No. Holes: 72 Hole size: 3/8
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [ ] No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
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.

FORMATION: DENVER BASIN COMBINED DISPOSAL ZONE Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB

Treatment Date: 04/24/2015 End Date: 04/30/2015 Date of First Production this formation:
Perforations Top: 7290 Bottom: 8135 No. Holes: 702 Hole size: 3/8

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

Perform acid job with 250 bioballs and 6300 gals acid 15% HCl and Step Rate Test for injection test.

This formation is commingled with another formation: [ ] Yes [X] No

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

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 150 Number of staged intervals:

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

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

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

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 3 + 1/2 Tubing Setting Depth: 7240 Tbg setting date: 05/05/2015 Packer Depth: 7240

Reason for Non-Production: Well not needed for injection at this time. UIC applications will be filed when need arises.

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.

FORMATION: ENTRADA Status: COMMINGLED Treatment Type: ACID JOB

Treatment Date: 04/30/2015 End Date: 04/30/2015 Date of First Production this formation:

Perforations Top: 7290 Bottom: 7305 No. Holes: 90 Hole size: 3/8

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

[Empty text box for formation treatment summary]

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

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

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: [Empty text box]

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.

FORMATION: LYONS Status: COMMINGLED Treatment Type: ACID JOB  
 Treatment Date: 04/30/2015 End Date: 04/30/2015 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7715 Bottom: 7830 No. Holes: 540 Hole size: 3/8

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

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

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
 Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
 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: Engineering Technician Date: 6/5/2015 Email: elvera.berryman@whiting.com

**Attachment Check List**

Att Doc Num	Name
400825119	FORM 5A SUBMITTED
400849516	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
UIC	<p>Copied from Operator Comments on Form 4 Doc # 401010736:</p> <ul style="list-style-type: none"><li>-Requesting that the DJINJ interval on Form 5A (Doc # 400825119) be switched from Shut In to Temporarily Abandoned.</li><li>-The well has not and will not be used for injection (or production for that matter) until a UIC Disposal application is filed with COGCC and COGCC approves the application.</li><li>-The well currently has no surface facility and won't until a new UIC application is filed.</li><li>-The well will remain Temporarily Abandoned at least until BNN files the UIC application.</li><li>-The well will be MIT'd at 5-year intervals based on an initial date of May 6, 2015.</li><li>-The tubing and packer installed in the well at the time of the MIT @ 7240 ft haven't been moved or removed.</li><li>-BNN will file annual Form 4 Sundry Notice requests for Continued Temporarily Abandoned status.</li></ul>	3/9/2016 3:58:30 PM
Permit	Sundry #401010736 submitted to change status from SI to TA. Production equipment not on site. UIC forms not yet submitted.	3/1/2016 7:27:02 AM
Permit	Added UIC Engineering task	3/9/2015 2:44:40 PM

Total: 3 comment(s)