


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1633195</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
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>05-103-11079-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>BOIES</u>		Well Number: <u>C-230-O2</u>					
8. Location: QtrQtr: <u>SWSE</u>	Section: <u>23</u>	Township: <u>2S</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>10/25/2010</u>		Date of First Production this formation: <u>11/07/2010</u>					
Perforations Top: <u>6332</u>	Bottom: <u>7379</u>	No. Holes: <u>85</u>	Hole size: <u>38/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
6322'-6639' - 26300# 100 MESH, 132400# 30/50 SAND, 6039 BBLS SLICK WTR. 7227'-379' - 21K# 100 MESH, 242303# 30/50 SAND, 1387 BBLS SLICK WTR. 6685'-6911' - 29100# 100 MESH, 149500# 30/50 SAND, 6869 BBLS SLICK WTR. 6952'-7186' - 76300# 100 MESH, 132400# 30/50 SAND, 3560 BBLS SLICK WTR.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>11/16/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>478</u> Bbls H2O: <u>327</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>478</u> Bbls H2O: <u>327</u> GOR: _____				
Test Method: <u>SEPARATOR/EFM</u>	Casing PSI: <u>350</u>	Tubing PSI: _____	Choke Size: <u>20/64</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>10154</u>	Tbg setting date: <u>12/07/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							

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 ROBIN

Title: ENGINEERING TECH Date: 1/24/2011 Email POLLYT@WHITING.COM
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Attachment Check List

Att Doc Num	Name
1633194	WELLBORE DIAGRAM
1633195	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)