

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



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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: PAULEEN TOBIN
2. Name of Operator: WHITING OIL AND GAS CORPORATION Phone: (303) 837-1661
3. Address: 1700 BROADWAY STE 2300 Fax: (303) 390-5580
City: DENVER State: CO Zip: 80290

5. API Number 05-103-11213-00 6. County: RIO BLANCO
7. Well Name: BOIES Well Number: C-230-O3
8. Location: QtrQtr: SWSE Section: 23 Township: 2S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/25/2010 Date of First Production this formation: 11/05/2010
Perforations Top: 6426 Bottom: 7555 No. Holes: 78 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: []
6426'-764' - 26300# 100 MESH, 168000# 30/50 SAND, 6695 BBLs SLICK WTR. 7346'-555' - 22500# 100 MESH, 112900# 30/50 SAND, 5474 BBLs SLICK WTR. 6863'-7090' - 18100# 100 MESH, 83600# 30/50 SAND, 4161 BBLs SLICK WTR. 7194'-317' - 21100# 100 MESH, 102400# 30/50 SAND, 4926 BBLs SLICK WTR.

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

Test Information:

Date: 11/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 633 Bbls H2O: 404
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 633 Bbls H2O: 404 GOR:
Test Method: SEPARATOR/EFM Casing PSI: 580 Tubing PSI: Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10064 Tbg setting date: 12/11/2010 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:

Comment:

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 TOBIN

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

Attachment Check List

Att Doc Num	Name
1633196	FORM 5A SUBMITTED
1633197	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)