

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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Document Number:

2286008

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

5. API Number 05-103-11111-00
6. County: RIO BLANCO
7. Well Name: BOIES
Well Number: B-19P-P1
8. Location: QtrQtr: SESE Section: 19 Township: 2S Range: 97W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 08/24/2011 Date of First Production this formation: 09/11/2011

Perforations Top: 6962 Bottom: 8899 No. Holes: 146 Hole size:

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

6962'-8899' - 198200# 100 MESH, 868100# 30/50 SAND, 38401 BBLS SLICK WATER. SEE ATTACHED DOCUMENT FOR DETAILS OF TREATMENT IN STAGES.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 09/20/2011 Hours: 24 Bbls oil: Mcf Gas: 1768 Bbls H2O: 639

Calculated 24 hour rate: Bbls oil: Mcf Gas: 1768 Bbls H2O: 639 GOR:

Test Method: SEPARATOR/EFM Casing PSI: 978 Tubing PSI: Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1085 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8594 Tbg setting date: 10/18/2011 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:

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 Date: 11/11/2011 Email: POLLYT@WHITING.COM

Attachment Check List

Att Doc Num	Name
2286008	FORM 5A SUBMITTED
2286009	WELLBORE DIAGRAM
2286010	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/24/2012 11:58:58 AM

Total: 1 comment(s)