

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:

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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: 10347

4. Contact Name: Christi Scritchfield

2. Name of Operator: CONTINENTAL RESOURCES INC

Phone: (580) 233-8955

3. Address: PO BOX 1032

Fax: (580) 548-5257

City: ENID State: OK Zip: 73703

5. API Number 05-123-34161-00

6. County: WELD

7. Well Name: Staudinger

Well Number: 1-31H

8. Location: QtrQtr: NENE Section: 31 Township: 8N Range: 61W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/21/2011 Date of First Production this formation: 01/20/2012

Perforations	Top:	7101	Bottom:	15991	No. Holes:	Hole size:
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Provide a brief summary of the formation treatment: Open Hole: ☒

Pumped 33 stage frac job via sliding sleeves. Average rate was 47.4 bpm. Max rate was 57 bpm. Average pressure was 4285 psi. Max pressure was 7692 psi.

Totals: Water - 120,530 bbls; 40/70 sand - 644,416 lbs; 20/40 sand - 5,011,752 lbs.; 20/40 Resin - 1,058,258 lbs.

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

Test Information:

Date:	02/01/2012	Hours:	24	Bbls oil:	616	Mcf Gas:	720	Bbls H2O:	720
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Calculated 24 hour rate:	Bbls oil:	616	Mcf Gas:	720	Bbls H2O:	720	GOR:	1218
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Test Method: Production	Casing PSI: 0	Tubing PSI: 450	Choke Size: 31
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Gas Disposition:	FLARED	Gas Type:	WET	BTU Gas:	0	API Gravity Oil:	37
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 5850 Tbg setting date: 01/12/2012 Packer Depth: 5850

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

The Gas BTU is zero because the gas analysis won't be ran until the gas pipeline is connected. A sundry will be submitted with this information as soon as it is done.

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

Signed: _____ Print Name: Christi Scritchfield

Title: Regulatory Compliance Date: Email christiscritchfield

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)