

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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) 390-4923
 Email: pollyt@whiting.com

5. API Number 05-123-37374-00
 6. County: WELD
 7. Well Name: Wildhorse
 Well Number: 16-13L
 8. Location: QtrQtr: NWSW Section: 16 Township: 9N Range: 59W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ENTRADA Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 10/07/2013 End Date: 10/07/2013 Date of First Production this formation: 10/08/2013

Perforations Top: 7538 Bottom: 7604 No. Holes: 220 Hole size: 3/8

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

45 bbls 3% KCl

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: 10/11/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 295
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 295 GOR: _____
 Test Method: Swabbing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: All water, BP @ 7580' w/1sk cmt on top isolating Lower Entrada.

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: PLUGGED AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 09/06/2013 End Date: 09/06/2013 Date of First Production this formation: 09/06/2013

Perforations Top: 8140 Bottom: 8217 No. Holes: 219 Hole size: 3/8

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

11 bbls 3% KCl

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: 09/19/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 345

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 345 GOR: _____

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: All water, 2nd BP @ 8204' w/1sk cmt on top isolating Lower Lyons

Date formation Abandoned: 09/25/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8120 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

FORMATION: MISSISSIPPIAN Status: PLUGGED AND ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 9874 Bottom: 9897 No. Holes: 111 Hole size: 3/8

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

Perforated and swabbed. No treatment performed.

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: 07/26/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 28

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 28 GOR: _____

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: All water

Date formation Abandoned: 09/05/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 9860 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: PRECAMBRIAN Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB
 Treatment Date: 07/25/2013 End Date: 07/25/2013 Date of First Production this formation: 07/17/2013
 Perforations Top: 10000 Bottom: 10010 No. Holes: 61 Hole size: 3/8
 Provide a brief summary of the formation treatment: _____ Open Hole:

38 bbls 3% KCl

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: 07/22/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 52
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 52 GOR: _____
 Test Method: Swabbing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: All water

Date formation Abandoned: 07/25/2013 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 9990 ** Sacks cement on top: 2 ** 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: Pauleen Tobin
 Title: Engineer Tech Date: _____ Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Name
400553962	WELLBORE DIAGRAM
400553965	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)