

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



DE ET OE ES

Document Number:

400554952

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 05-123-37495-00  
6. County: WELD  
7. Well Name: Razor  
Well Number: 26J-2633L  
8. Location: QtrQtr: NWSE Section: 26 Township: 10N Range: 58W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: AMAZON Status: PLUGGED AND ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 10/28/2013

Perforations Top: 7948 Bottom: 7962 No. Holes: 85 Hole size: 3/8

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

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: 10/31/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 205

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 205 GOR:

Test Method: Swabbing Casing PSI: 650 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: 11/01/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7938 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: ENTRADA		Status: SHUT IN		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 11/13/2013	
Perforations	Top: 6976	Bottom: 7002	No. Holes: 134	Hole size: 3/8	

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

No treatment performed. Swabbed.

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: <input type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 11/18/2013	Hours: 24	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 231
Calculated 24 hour rate:	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 231	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: \_\_\_\_\_ 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: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 11/04/2013

Perforations Top: 7544 Bottom: 7628 No. Holes: 219 Hole size: 3/8

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

No treatment performed in Lower Lyons. Swabbed. Pump 54 bbls 3% KCl water on Upper Lyons. Swabbed.

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: 11/08/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 155

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 155 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. NOTE: Plug set 11/07/2013 @ 7608' w/ 2sks cmt on top to isolate Lower Lyons.

Date formation Abandoned: 11/12/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 7530 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: PRECAMBRIAN Status: PLUGGED AND ABANDONED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 10/24/2013

Perforations Top: 9372 Bottom: 9382 No. Holes: 61 Hole size: 3/8

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

160 bbls 3% KCl water

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: 10/26/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 92

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 92 GOR: \_\_\_\_\_

Test Method: Swabbing Casing PSI: 0 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: 10/28/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 9360 \*\* Sacks cement on top: 1 \*\* 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
400556168	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)