

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:
400611088

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: <u>96155</u>	4. Contact Name: <u>Pauleen Tobin</u>
2. Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>	Phone: <u>(303) 837-1661</u>
3. Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>(303) 495-6780</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>pollyt@whiting.com</u>

5. API Number <u>05-123-37901-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>271-3414B</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>27</u> Township: <u>10N</u> Range: <u>58W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/19/2014 End Date: 03/01/2014 Date of First Production this formation: 04/25/2014
Perforations Top: 6080 Bottom: 12440 No. Holes: 1428 Hole size: 3/8
Provide a brief summary of the formation treatment: _____ Open Hole:

Cemented Liner:
6 stage 40# PermStim Frac, 50900# 40/70, 866150# 20/40, 144 bbls 15% HCl, 22821 bbls slickwater.
34 stage 25# pHaserFrac, 298914301613# 40/70, 5562991# 20/40, 619 bbls 15% HCl, 112066 bbls slickwater.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 134887 Max pressure during treatment (psi): 7841
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80
Total acid used in treatment (bbl): 763 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 17390
Fresh water used in treatment (bbl): 25 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 6781654 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/03/2014 Hours: 24 Bbl oil: 427 Mcf Gas: 29 Bbl H2O: 257
Calculated 24 hour rate: Bbl oil: 427 Mcf Gas: 29 Bbl H2O: 257 GOR: 68
Test Method: Separator Casing PSI: 700 Tubing PSI: 340 Choke Size: 47/64
Gas Disposition: RE-INJECTED Gas Type: DRY Btu Gas: 1371 API Gravity Oil: 37
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5736 Tbg setting date: 04/22/2014 Packer Depth: 5736

Reason for Non-Production: _____

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.

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
400611088	FORM 5A SUBMITTED
400611204	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)