

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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Document Number:

400616666

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>Elvera Berryman</u>
2. Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>	Phone: <u>(303) 390-4221</u>
3. Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>(303) 390-1598</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>elvera.berryman@whiting.com</u>

5. API Number <u>05-123-38531-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>11E-0202B</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>11</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: 05/23/2014 End Date: 05/28/2014 Date of First Production this formation: 07/03/2014  
Perforations Top: 6425 Bottom: 12983 No. Holes: 1440 Hole size: 3/8  
Provide a brief summary of the formation treatment: Open Hole:

Cemented Liner 40 staged intervals:  
Totals for 40 Staged Intervals: Total Proppant: 194920 # 40/70 White Sand; 4986520# 16/30 White Sand.  
122813 bbl Total Slurry Vol; 117235 Total Clean Vol. 26005 bbl Total Slickwater Vol.; Total 948 bbl 15% HCl; 70325 bbl QuadraFrac Crosslink Gel; 19957 bbl Linear Gel.  
Fluid type: QuadraFrac Crosslink and Linear Gel. See attached wellbore diagram for details.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 117235 Max pressure during treatment (psi): 9044  
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): 0.76  
Total acid used in treatment (bbl): 948 Number of staged intervals: 40  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 60706  
Fresh water used in treatment (bbl): 117235 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 5181440 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 07/26/2014 Hours: 24 Bbl oil: 509 Mcf Gas: 82 Bbl H2O: 547  
Calculated 24 hour rate: Bbl oil: 509 Mcf Gas: 82 Bbl H2O: 547 GOR: 161  
Test Method: Separator Casing PSI: 900 Tubing PSI: 150 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1385 API Gravity Oil: 33  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6099 Tbg setting date: 06/17/2014 Packer Depth: 6099  
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: Elvera Berryman  
Title: Engineer Tech Date: \_\_\_\_\_ Email: elvera.berryman@whiting.com

### Attachment Check List

Att Doc Num	Name
400704320	WELLBORE DIAGRAM

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)