

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:

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

5. API Number 05-123-38530-00	6. County: WELD
7. Well Name: Razor	Well Number: 11E-0203A
8. Location: QtrQtr: SWNW Section: 11 Township: 10N Range: 58W Meridian: 6	
9. Field Name: DJ HORIZONTAL NIOBRARA	Field Code: 16950

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/29/2014 End Date: 06/04/2014 Date of First Production this formation: 07/02/2014

Perforations Top: 6259 Bottom: 12355 No. Holes: 1440 Hole size: 8/3

Provide a brief summary of the formation treatment:

Open Hole: ☐

Cemented Liner 40 staged intervals:

Totals for 40 Staged Intervals: Total Proppant: 180471# 40/70 White Sand and 4985840# 16/30 White Sand.

117652 bbl Total Slurry Vol; 112090 bbl Total Clean Vol.; 25365 bbl Total Slickwater Vol., Total 976 bbl 15% HCl; 68774 bbl VistarFrac Crosslink Gel; 16975 bbl Linear Gel.

Fluid type: Vistar 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): 112090

Max pressure during treatment (psi): 8388

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): 0.83

Total acid used in treatment (bbl): 976

Number of staged intervals: 40

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 73030

Fresh water used in treatment (bbl): 112090

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5166311

Rule 805 green completion techniques were utilized: ☒

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

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

### Test Information:

Date: 08/09/2014 Hours: 24 Bbl oil: 505 Mcf Gas: 496 Bbl H2O: 353

Calculated 24 hour rate: Bbl oil: 505 Mcf Gas: 496 Bbl H2O: 353 GOR: 982

Test Method: Separator Casing PSI: 860 Tubing PSI: 230 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1385 API Gravity Oil: 33

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5997 Tbg setting date: 06/19/2014 Packer Depth: 5997

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**

400704836 WELLBORE DIAGRAM

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)