

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:

400616856

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 05-123-38536-00	6. County: WELD
7. Well Name: Razor	Well Number: 11E-0204B
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: 6447 Bottom: 12380 No. Holes: 1452 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Cemented Liner 40 staged intervals:

Total Proppant: 181629# 40/70 White Sand; 112400# 30/50 White Sand; 5114030# 16/30 White Sand.

123184 bbl Total Slurry Vol; 117361 bbl Total Clean Vol.; 29139 bbl Total Slickwater Vol.; Total 656 bbl 15% HCl; 70737 bbl VistarFrac Crosslink Gel; 16530 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): 117361

Max pressure during treatment (psi): 7855

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): 0.79

Total acid used in treatment (bbl): 256

Number of staged intervals: 40

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 69831

Fresh water used in treatment (bbl): 117361

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5408059

Rule 805 green completion techniques were utilized: ☒

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

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

### Test Information:

Date: 08/08/2014 Hours: 24 Bbl oil: 442 Mcf Gas: 22 Bbl H2O: 491

Calculated 24 hour rate: Bbl oil: 442 Mcf Gas: 22 Bbl H2O: 491 GOR: 50

Test Method: Separator Casing PSI: 940 Tubing PSI: 240 Choke Size: 40/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1385 API Gravity Oil: 35

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6102 Tbg setting date: 06/22/2014 Packer Depth: 6102

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

400704904 WELLBORE DIAGRAM

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)