

FORM  
5ARev  
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:

400724375

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 & GAS CORPORATION  
 3. Address: 1700 BROADWAY STE 2300  
 City: DENVER State: CO Zip: 80290  
 4. Contact Name: Cara Mezydlo  
 Phone: (303) 876-7091  
 Fax: (720) 644-3658  
 Email: cara.mezydlo@whiting.com

5. API Number 05-103-07796-00  
 6. County: RIO BLANCO  
 7. Well Name: EQUITY-FEDERAL  
 Well Number: 2-7  
 8. Location: QtrQtr: SESW Section: 7 Township: 2N Range: 102W Meridian: 6  
 9. Field Name: RANGELY Field Code: 72370

## Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type:  
 Treatment Date: End Date: Date of First Production this formation: 08/15/2014  
 Perforations Top: 6477 Bottom: 6582 No. Holes: 129 Hole size:  
 Provide a brief summary of the formation treatment: Open Hole: ☐  
 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: 08/22/2014 Hours: 24 Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 156  
 Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 0 Bbl H2O: 156 GOR: 0  
 Test Method: Pumping Casing PSI: 66 Tubing PSI: 88 Choke Size:  
 Gas Disposition: Gas Type: Btu Gas: 1 API Gravity Oil: 33  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6482 Tbg setting date: 08/14/2014 Packer Depth:  
 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:

Well returned to production 8/15/14 following a tubing repair.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Cara Mezydlo

Title: Engineering Tech Date: \_\_\_\_\_ Email cara.mezydlo@whiting.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400724389	OPERATIONS SUMMARY
400724391	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)