

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:
400646473

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 & 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>05-123-38346-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor Federal</u>	Well Number: <u>26J-3511A</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>26</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: 07/21/2014 End Date: 07/28/2014 Date of First Production this formation: 08/16/2014
Perforations Top: 6024 Bottom: 12200 No. Holes: 1440 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole:

Cemented liner: 40 stage Clearstar 30 XL Gel 70557 bbl; 30# Linear Gel 14431 bbl; Slickwater 25704 bbl; 15% HCl 364 bbl.
Total Slurry Volume: 117071 bbl.
Proppant: 20/40 White Sand: 5434900.3 lb; 40/70 White Sand: 151420.3 lb.
See attached Frac Summary Report and Wellbore Diagram for details.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 111057 Max pressure during treatment (psi): 7868
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): 0.78
Total acid used in treatment (bbl): 364 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6607
Fresh water used in treatment (bbl): 111057 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 5586321 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/08/2014 Hours: 24 Bbl oil: 871 Mcf Gas: 173 Bbl H2O: 330
Calculated 24 hour rate: Bbl oil: 871 Mcf Gas: 173 Bbl H2O: 330 GOR: 199
Test Method: Separator Casing PSI: 870 Tubing PSI: 425 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1430 API Gravity Oil: 31
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5668 Tbg setting date: 08/21/2014 Packer Depth: 5668

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: Engineering Technician Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Name
400748849	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)