

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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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: Pauleen Tobin
 2. Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 837-1661
 3. Address: 1700 BROADWAY STE 2300 Fax: (303) 390-4923
 City: DENVER State: CO Zip: 80290 Email: pollyt@whiting.com

5. API Number 05-123-38486-00 6. County: WELD
 7. Well Name: Razor Federal Well Number: 26I-3513A
 8. Location: QtrQtr: NESE Section: 26 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: 09/15/2014 End Date: 09/17/2014 Date of First Production this formation: 10/09/2014

Perforations Top: 5952 Bottom: 12585 No. Holes: 0 Hole size: _____

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

40-stage sleeve Frac: 72690 bbls ClearStar XL Gel; 11527 bbls ClearStar Linear Gel; 5624070# 20/40 Wh snd, 125740# 40/70 Wh snd, 31789 bbls Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 116005 Max pressure during treatment (psi): 7639

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 0 Number of staged intervals: 40

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 16217

Fresh water used in treatment (bbl): 116005 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6111860 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/12/2014 Hours: 24 Bbl oil: 431 Mcf Gas: 141 Bbl H2O: 201

Calculated 24 hour rate: Bbl oil: 431 Mcf Gas: 141 Bbl H2O: 201 GOR: 327

Test Method: Separator Casing PSI: _____ Tubing PSI: 225 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1465 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5662 Tbg setting date: 10/14/2014 Packer Depth: 5662

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:

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

Signed: _____ Print Name: Pauleen Tobin

Title: Engineer Tech Date: _____ Email pollyt@whiting.com
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Attachment Check List

Att Doc Num **Name**

400760448	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)