


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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400753610 Date Received:				
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> 2. Name of Operator: <u>WHITING OIL & GAS CORPORATION</u> 3. Address: <u>1700 BROADWAY STE 2300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	4. Contact Name: <u>Elvera Berryman</u> Phone: <u>(303) 390-4221</u> Fax: <u>(303) 390-1598</u> Email: <u>elvera.berryman@whiting.com</u>
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5. API Number <u>05-123-39383-00</u> 7. Well Name: <u>Horsetail</u> 8. Location: QtrQtr: <u>Lot 4</u> Section: <u>2</u> Township: <u>10N</u> Range: <u>57W</u> Meridian: <u>6</u> 9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	6. County: <u>WELD</u> Well Number: <u>02D-0204</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>11/10/2014</u>	End Date: <u>11/18/2014</u>	Date of First Production this formation: <u>02/18/2015</u>
Perforations Top: <u>6053</u>	Bottom: <u>9873</u>	No. Holes: <u>1080</u> Hole size: <u>8/3</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Cemented liner: 30 staged intervals, 85070 bbl YF822LpH XL Gel, 91499 bbl Linear Gel, 17513 bbl Slickwater, 376 bbl 15% HCL Total Proppant: 4088075#20/40 White Sand ; 90656#40/70 White Sand See attached Frac Summary Report and Wellbore Diagram for details.		

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>88952</u>	Max pressure during treatment (psi): <u>7991</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.73</u>
Total acid used in treatment (bbl): <u>376</u>	Number of staged intervals: <u>30</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>10881</u>
Fresh water used in treatment (bbl): <u>88952</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>4178731</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Reason why green completion not utilized: <u>PIPELINE</u>	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/19/2015</u>	Hours: <u>24</u>	Bbl oil: <u>248</u>	Mcf Gas: <u>82</u>	Bbl H2O: <u>543</u>
Calculated 24 hour rate:	Bbl oil: <u>248</u>	Mcf Gas: <u>82</u>	Bbl H2O: <u>543</u>	GOR: <u>331</u>
Test Method: <u>Separator</u>	Casing PSI: <u>110</u>	Tubing PSI: <u>85</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>FLARED</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1973</u>	API Gravity Oil: <u>31</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>4804</u>	Tbg setting date: <u>01/24/2015</u>	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Elvera Berryman
Title: Engineer Tech Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400804970	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)