

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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> <p>Document Number: 400809013</p> <p>Date Received:</p>	DE	ET	OE	ES
DE	ET	OE	ES				

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

5. API Number <u>05-123-39529-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>21B-0909</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>21</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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/06/2014</u>	End Date: <u>12/23/2014</u>	Date of First Production this formation: <u>01/20/2015</u>
Perforations Top: <u>6136</u>	Bottom: <u>13875</u>	No. Holes: <u>432</u> Hole size: <u>3/8</u>

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

54-stage Frac (432 perfs, 34 sleeves): 83168 bbl QuadraFrac XL Gel, 12142 bbl QuadraFrac Linear Gel, 4816732# 20/40 Wh snd, 130980# 40/70 Wh snd, 309 bbls 15% HCl, 25574 bbls Slickwater.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>121194</u>	Max pressure during treatment (psi): <u>9000</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>0.80</u>
Total acid used in treatment (bbl): <u>309</u>	Number of staged intervals: <u>54</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>25483</u>
Fresh water used in treatment (bbl): <u>121194</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>4947712</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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

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

**Test Information:**

Date: <u>02/24/2015</u>	Hours: <u>24</u>	Bbl oil: <u>201</u>	Mcf Gas: <u>105</u>	Bbl H2O: <u>174</u>
Calculated 24 hour rate:	Bbl oil: <u>201</u>	Mcf Gas: <u>105</u>	Bbl H2O: <u>174</u>	GOR: <u>522</u>
Test Method: <u>Separator</u>	Casing PSI: <u>880</u>	Tubing PSI: <u>200</u>	Choke Size: <u>34/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1674</u>	API Gravity Oil: <u>32</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5797</u>	Tbg setting date: <u>01/18/2015</u>	Packer Depth: <u>5797</u>	

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**

400809015	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)