

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 with columns DE, ET, OE, ES

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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 2. Name of Operator: WHITING OIL & GAS CORPORATION 3. Address: 1700 BROADWAY STE 2300 City: DENVER State: CO Zip: 80290 4. Contact Name: Elvera Berryman Phone: (303) 390-4221 Fax: (303) 390-1598 Email: elvera.berryman@whiting.com

5. API Number 05-123-40630-00 6. County: WELD 7. Well Name: Horsetail Well Number: 19N-1924M-R 8. Location: QtrQtr: SWSE Section: 19 Township: 10N Range: 57W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: AMAZON Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 01/19/2015 End Date: 01/19/2015 Date of First Production this formation: Perforations Top: 7860 Bottom: 7915 No. Holes: 330 Hole size: 3/8

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

Step Rate Test for UIC application 1/19/2015 Pump 7560 gals 15%HCL, 20 bbls rock salt (Entrada, Lyons and Amazon formations treated together)

This formation is commingled with another formation: [X] 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): 180 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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: 3 + 1/2 Tubing Setting Depth: 7021 Tbg setting date: 04/20/2015 Packer Depth: 7021

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.

FORMATION: ENTRADA Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 01/19/2015 End Date: 01/19/2015 Date of First Production this formation: _____

Perforations Top: 7060 Bottom: 7080 No. Holes: 120 Hole size: 3/8

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

1/08/2015 Pump 330 gals 15% HCL
 Step Rate Test for UIC application
 1/19/2015 Pump 7560 gals 15%HCL, 20 bbls rock salt
 (Entrada, Lyons and Amazon formations treated together)

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): 180 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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 3 + 1/2 Tubing Setting Depth: 7021 Tbg setting date: 04/20/2015 Packer Depth: 7021

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.**

FORMATION: LYONS Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 01/19/2015 End Date: 01/19/2015 Date of First Production this formation:

Perforations Top: 7455 Bottom: 7610 No. Holes: 780 Hole size: 3/7

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

1/08/2015 Pump 330 gals 15% HCL
Step Rate Test for UIC application
1/19/2015 Pump 7560 gals 15%HCL, 20 bbls rock salt
(Entrada, Lyons and Amazon formations treated together)

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl): 180
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 3 + 1/2 Tubing Setting Depth: 7021 Tbg setting date: 04/20/2015 Packer Depth: 7021

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

Table with 2 columns: Att Doc Num, Name. Row 1: 400830393, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)