

FORM
5ARev
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:

400831193

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: Cara Mezydlo
 Phone: (303) 876-7091
 Fax: (720) 644-3658
 Email: cara.mezydlo@whiting.com

5. API Number 05-103-11068-00
 6. County: RIO BLANCO
 7. Well Name: BOIES
 Well Number: A-29D-D3
 8. Location: QtrQtr: NWNW Section: 29 Township: 2S Range: 97W Meridian: 6
 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/05/2008 End Date: 03/05/2008 Date of First Production this formation: 03/10/2008

Perforations Top: 10135 Bottom: 10345 No. Holes: 23 Hole size: 0.43

Provide a brief summary of the formation treatment:

Open Hole: ☐

10135-10345' 187800# 30/50 Ottawa sand, 4469 bbls slick water

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4469

Max pressure during treatment (psi): 7782

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): 0.71

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 4469

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 187800

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: Tubing Setting Depth: Tbg setting date: Packer Depth:

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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/04/2008 End Date: 03/05/2008 Date of First Production this formation: 03/10/2008

Perforations Top: 10493 Bottom: 10979 No. Holes: 40 Hole size: 0.43

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

10493-10727' - 55000# 20/40 Ottawa sand, 1608 bbls slick water
10764-10979' - 136000# 20/40 Ottawa sand, 3470 bbls slick water

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5078

Max pressure during treatment (psi): 8357

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): 0.66

Total acid used in treatment (bbl): 0

Number of staged intervals: 2

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 5078

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 191000

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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: WILLIAMS FORK - CAMEO		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 03/09/2008		End Date: 05/29/2008		Date of First Production this formation: 03/10/2008	
Perforations	Top: 8337	Bottom: 9934	No. Holes: 99	Hole size: 0.35	

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

8337-8531' - 170540# 30/50 Ottawa sand, 3981 bbls slick water (0.43 hole size)
 8587-8785' - 85449# 30/50 Ottawa sand, 2241 bbls slick water (0.43 hole size)
 8976-9256' - 459200# 30/50 Ottawa sand, 3244 bbls slick water (0.43 hole size)
 9326-9477' - 103500# 30/50 Ottawa sand, 2589 bbls slick water (0.35 hole size)
 9564-9934' - 100900# 30/50 Ottawa sand, 2549 bbls slick water (0.35 hole size)

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 14604	Max pressure during treatment (psi): 8238
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): 0.57
Total acid used in treatment (bbl): 0	Number of staged intervals: 4
Recycled water used in treatment (bbl): 0	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 14604	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 919589	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: _____	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: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/10/2008

Perforations Top: 8337 Bottom: 10979 No. Holes: 160 Hole size: _____

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

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): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 24151

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: 06/30/2008 Hours: 24 Bbl oil: 1 Mcf Gas: 770 Bbl H2O: 85

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 770 Bbl H2O: 85 GOR: 77000

Test Method: Separator/EFM Casing PSI: 851 Tubing PSI: 450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1065 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8285 Tbg setting date: 06/06/2008 Packer Depth: _____

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:

Re-filing form 5A to correct zones reported as flowing (to clear up errors on production reporting on form 7). Each zone was fracture stimulated individually, but flowed back and produced together. Flowback volume shown is the total recovered from all fracture stimulations.

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

Signed: _____ Print Name: Cara Mezydlo

Title: Engineering tech Date: _____ Email: cara.mezydlo@whiting.com

Attachment Check List

Att Doc Num Name

400841410 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)