

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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Document Number:
400782495

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: <u>96155</u>	4. Contact Name: <u>Elvera Berryman</u>
2. Name of Operator: <u>WHITING OIL & GAS CORPORATION</u>	Phone: <u>(303) 390-4221</u>
3. Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>(303) 390-1598</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>elvera.berryman@whiting.com</u>

5. API Number <u>05-123-38741-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Horsetail</u>	Well Number: <u>30F-1944</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>30</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>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/04/2015 End Date: 03/09/2015 Date of First Production this formation: 04/06/2015
Perforations Top: 6159 Bottom: 13527 No. Holes: 1440 Hole size: 3/8

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

Cemented Liner 40 staged intervals: 83344 bbl pHaserFrac 22# XL Gel; 13250 bbl 22# Linear Gel; 262 bbl 15% HCL; 7527 bbl Fresh Water; 26452 bbl Slickwater.
Total proppant used: 6333400# Proppant Ottawa 20/40; 119009 # Proppant Ottawa 40/70.
See attached Frac Summary Report and Wellbore Diagram for details.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 130835 Max pressure during treatment (psi): 6449
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): 0.85
Total acid used in treatment (bbl): 262 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 39925
Fresh water used in treatment (bbl): 7527 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 6452409 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/27/2015 Hours: 24 Bbl oil: 1372 Mcf Gas: 2 Bbl H2O: 1555
Calculated 24 hour rate: Bbl oil: 1372 Mcf Gas: 2 Bbl H2O: 1555 GOR: 2
Test Method: Separator Casing PSI: 0 Tubing PSI: 580 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1548 API Gravity Oil: 33
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5671 Tbg setting date: 04/10/2015 Packer Depth: 5655

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:

Well drilled 50' passed 100' setback. Form 5A will be submitted documenting that the bottom 51' of wellbore will not produce. Landing Collar is a 1363. Cement fills the hole from 13633 to TD.

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

Att Doc Num	Name
400866883	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)