

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:
400782218

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>05-123-39200-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Horsetail</u>	Well Number: <u>30F-3106</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: 01/07/2015 End Date: 01/14/2015 Date of First Production this formation: 03/30/2015
Perforations Top: 5989 Bottom: 13075 No. Holes: 1440 Hole size: 3/8

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

Cemented Liner 40 staged intervals: SlickWater: 32344 bbl; pHaserFrac 22#: 73947 bbl; pHaserFrac #20: 10592 bbl; Linear Gel: 11997 bbl; 15% HCL: 167 bbl
Total Proppant: 6733286# 20/40 Ottawa; 116030# 40/70 Ottawa
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): 129047 Max pressure during treatment (psi): 7052

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): 167 Number of staged intervals: 40

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 28667

Fresh water used in treatment (bbl): 129047 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6849316 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/03/2015 Hours: 24 Bbl oil: 403 Mcf Gas: 15 Bbl H2O: 866

Calculated 24 hour rate: Bbl oil: 403 Mcf Gas: 15 Bbl H2O: 866 GOR: 37

Test Method: Separator Casing PSI: 0 Tubing PSI: 200 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1381 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5589 Tbg setting date: 04/01/2015 Packer Depth: 5576

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: Engineer Tech Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Name
400876623	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)