


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 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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400926032 Date Received:				
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> 2. Name of Operator: <u>WHITING OIL & GAS CORPORATION</u> 3. Address: <u>1700 BROADWAY STE 2300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	4. Contact Name: <u>Pauleen Tobin</u> Phone: <u>(303) 837-1661</u> Fax: <u>(303) 390-4923</u> Email: <u>pollyt@whiting.com</u>
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5. API Number <u>05-123-33105-00</u> 7. Well Name: <u>Twomile Creek</u> 8. Location: QtrQtr: <u>NWSE</u> Section: <u>22</u> Township: <u>11N</u> 9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	6. County: <u>WELD</u> Well Number: <u>22-33M</u> Range: <u>57W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>5900</u>	Bottom: <u>5906</u>	No. Holes: <u>25</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

This zone was perforated and swabbed. No stimulation treatment done.

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): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/07/2013</u>	Hours: <u>24</u>	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: <u>130</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>130</u>	GOR: <u>0</u>
Test Method: <u>Swab</u>	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: Monitoring well, not intended to produce.

Date formation Abandoned: 06/28/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5894 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT HAYS Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 07/08/2013

Perforations Top: 5871 Bottom: 5889 No. Holes: 109 Hole size: 3/8

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

This zone was perforated for DFIT and swabbed. No stimulation treatment done.

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): _____

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: 07/08/2013 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: 42

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 42 GOR: 0

Test Method: Swab 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: Monitoring well, not intended to produce.

Date formation Abandoned: 10/07/2015 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5830 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5592 Bottom: 5871 No. Holes: 174 Hole size: 3/8

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

This zone was perforated for DFIT. No stimulation treatment or swabbing done.

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): _____

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

Reason for Non-Production: Monitoring well, not intended to produce.

Date formation Abandoned: 10/07/2015 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5540 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: MIT performed 10/08/2015, ref doc 400915457. Request to TA in draft, doc 400915452.

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

Attachment Check List

Att Doc Num	Name
400926484	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)