

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400724375 Date Received: 11/05/2014

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, reoperation 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 05-103-07796-00 6. County: RIO BLANCO 7. Well Name: EQUITY-FEDERAL Well Number: 2-7 8. Location: QtrQtr: SESW Section: 7 Township: 2N Range: 102W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 08/15/2014 Perforations Top: 6477 Bottom: 6582 No. Holes: 129 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 08/22/2014 Hours: 24 Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 156 Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 0 Bbl H2O: 156 GOR: 0 Test Method: Pumping Casing PSI: 66 Tubing PSI: 88 Choke Size: Gas Disposition: Gas Type: Btu Gas: 1 API Gravity Oil: 33 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6482 Tbg setting date: 08/14/2014 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:

Well returned to production 8/15/14 following a tubing repair.

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: 11/5/2014 Email cara.mezydlo@whiting.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400724375	COMPLETED INTERVAL REPORT
400724389	OPERATIONS SUMMARY
400724391	WELLBORE DIAGRAM
400762496	FORM 5A SUBMITTED

Total Attach: 4 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Passes Permitting: Involved extensive cleanout, lots of rod and tubing replacement.	01/02/2015

Total: 1 comment(s)