

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:

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, 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 05-103-07796-00
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: ☐ 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: 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

Att Doc Num

Name

400724375	COMPLETED INTERVAL REPORT
400724389	OPERATIONS SUMMARY
400724391	WELLBORE DIAGRAM
400762496	FORM 5A SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

Permit	Passes Permitting: Involved extensive cleanout, lots of rod and tubing replacement.	01/02/2015
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Total: 1 comment(s)