

FORM
5ARev
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:

400638520

Date Received:

07/24/2014

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 4. Contact Name: Pauleen Tobin
 2. Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 837-1661
 3. Address: 1700 BROADWAY STE 2300 Fax: (303) 495-6780
 City: DENVER State: CO Zip: 80290 Email: pollyt@whiting.com

5. API Number 05-123-37767-00 6. County: WELD
 7. Well Name: Razor Well Number: 21B-2809A
 8. Location: QtrQtr: NWNE Section: 21 Township: 10N Range: 58W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 01/29/2014 End Date: 02/08/2014 Date of First Production this formation: 03/18/2014Perforations Top: 6144 Bottom: 12791 No. Holes: 1440 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Cemented liner; 126260# 40/70 Jordan, 5654896# 20/40 Jordan, 717 bbls 15% HCl, 129889 bbls slickwater

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 130606Max pressure during treatment (psi): 8843

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.80Total acid used in treatment (bbl): 717Number of staged intervals: 40Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 39831Fresh water used in treatment (bbl): 129889Disposition method for flowback: DISPOSALTotal proppant used (lbs): 5781156Rule 805 green completion techniques were utilized: ☐Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/19/2014 Hours: 24 Bbl oil: 53 Mcf Gas: 44 Bbl H2O: 811Calculated 24 hour rate: Bbl oil: 53 Mcf Gas: 44 Bbl H2O: 811 GOR: 830Test Method: Separator Casing PSI: 650 Tubing PSI: 240 Choke Size: 39/64Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1281 API Gravity Oil: 33Tubing Size: 2 + 7/8 Tubing Setting Depth: 5820 Tbg setting date: 03/04/2014 Packer Depth: 5820

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:

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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: 7/24/2014 Email pollyt@whiting.com
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Attachment Check List

Att Doc Num **Name**

400638520	FORM 5A SUBMITTED
400638585	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)