

**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



DE ET OE ES

Document Number:

401319276

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: 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: _____
City: DENVER State: CO Zip: 80290 Email: pollyt@whiting.com

5. API Number 05-123-38547-00 6. County: WELD
7. Well Name: Razor Federal Well Number: 12G-1312B
8. Location: QtrQtr: SWNE Section: 12 Township: 10N Range: 58W Meridian: 6
9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed IntervalFORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 01/26/2017 End Date: 02/04/2017 Date of First Production this formation: 06/11/2017Perforations Top: 6192 Bottom: 13653 No. Holes: 2003 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

50 Stage Plug & Perf, 821869# 100 Mesh, 3866012# 40/70 Prem White sand, 77564# 30/50 Prem White sand, 595 bbls 15% HCl, 209859 bbls slickwater

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 210454Max pressure during treatment (psi): 7632Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.74Total acid used in treatment (bbl): 595Number of staged intervals: 50Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 10030Fresh water used in treatment (bbl): 209859Disposition method for flowback: DISPOSALTotal proppant used (lbs): 4765445Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org**Test Information:**

Date: 08/05/2017 Hours: 24 Bbl oil: 401 Mcf Gas: 168 Bbl H2O: 394
Calculated 24 hour rate: Bbl oil: 401 Mcf Gas: 168 Bbl H2O: 394 GOR: 419
Test Method: Separator Casing PSI: 900 Tubing PSI: 400 Choke Size: _____
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1377 API Gravity Oil: 33
Tubing Size: 3 Tubing Setting Depth: 5845 Tbg setting date: 05/22/2017 Packer Depth: 5835

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: _____ Email pollyt@whiting.com
:

Attachment Check List

Att Doc Num **Name**

401319323	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)