

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:

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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  
2. Name of Operator: WHITING OIL & GAS CORPORATION  
3. Address: 1700 BROADWAY STE 2300  
City: DENVER State: CO Zip: 80290  
4. Contact Name: Lauren McCaddon  
Phone: (303) 495-6760  
Fax:  
Email: lauren.mccaddon@whiting.com

5. API Number 05-123-39154-00  
6. County: WELD  
7. Well Name: Razor  
Well Number: 12H-0115A  
8. Location: QtrQtr: SENE Section: 12 Township: 10N Range: 58W Meridian: 6  
9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 6600 Bottom: 13660 No. Holes: 1510 Hole size: 3/8

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

6600'-8960.5' (750 shots), 9042'-9165' (50 shots), 9310'-9645.5' (110 shots), 9779'-9780.5 (10 shots), 11431-13659.3 (590 shots)

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:

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.

FORMATION: FORT HAYS		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 8986	Bottom: 11274	No. Holes: 480	Hole size: 3/8	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

8986'-8987.5' (10 shots), 9198,-9254.5' (30 shots), 9674'-9751.5' (30 shots), 9806'-11274.5' (410 shots)

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: _____	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:

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.

FORMATION: NIOBRARA-FT HAYS-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 02/13/2017		End Date: 02/22/2017		Date of First Production this formation: 06/23/2017	
Perforations Top: 6600		Bottom: 13659		No. Holes: 1990 Hole size: 3/8	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
50 Stage Plug & Perf, 1453330# 100 Mesh, 6057434# 40/70 Sand, 113891# 30/50 Sand, 492 bbls 15% HCL, 287011 bbls Slickwater					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total fluid used in treatment (bbl): 287503		Max pressure during treatment (psi): 7785			
Total gas used in treatment (mcf): 0		Fluid density at initial fracture (lbs/gal): 8.33			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): 0.81			
Total acid used in treatment (bbl): 492		Number of staged intervals: 50			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): 287509			
Fresh water used in treatment (bbl): 287011		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 7624655		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b>Test Information:</b>					
Date: 08/04/2017	Hours: 24	Bbl oil: 134	Mcf Gas: 124	Bbl H2O: 1330	
Calculated 24 hour rate:	Bbl oil: 134	Mcf Gas: 124	Bbl H2O: 1330	GOR: 92	
Test Method: Seperator	Casing PSI: 900	Tubing PSI: 400	Choke Size: 26		
Gas Disposition: SOLD	Gas Type: DRY	Btu Gas: 1376	API Gravity Oil: 33		
Tubing Size: 3	Tubing Setting Depth: 5853	Tbg setting date: 06/15/2017	Packer Depth: 5842		
Reason for Non-Production: _____					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____		** Sacks cement on top: _____		** Wireline and Cement Job Summary must be attached.	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Lauren Mccaddon  
 Title: Engineering Technician Date: \_\_\_\_\_ Email: lauren.mccaddon@whiting.com

### Attachment Check List

Att Doc Num	Name
401384841	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)