

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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12/03/2014

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) 390-4923
 City: DENVER State: CO Zip: 80290 Email: pollyt@whiting.com

5. API Number 05-123-37877-00 6. County: WELD
 7. Well Name: Razor Well Number: 26K-2307A
 8. Location: QtrQtr: NESW Section: 26 Township: 10N Range: 58W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 06/25/2014 End Date: 07/03/2014 Date of First Production this formation: 09/17/2014
 Perforations Top: 6055 Bottom: 12850 No. Holes: 1440 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole:
40-stage frac: 128635# 100 Mesh, 5523795# 16/30 Wh snd, 373 bbls 15% HCl, 78847 bbls 26-27# YF822LpH X-linked Fluid, 34311 bbls Slickwater.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 113531 Max pressure during treatment (psi): 9400
 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): 0.80
 Total acid used in treatment (bbl): 373 Number of staged intervals: 40
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 10447
 Fresh water used in treatment (bbl): 113158 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 5652430 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/27/2014 Hours: 24 Bbl oil: 679 Mcf Gas: 28 Bbl H2O: 255
 Calculated 24 hour rate: Bbl oil: 679 Mcf Gas: 28 Bbl H2O: 255 GOR: 41
 Test Method: Separator Casing PSI: 850 Tubing PSI: 150 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1375 API Gravity Oil: 37
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5658 Tbg setting date: 09/05/2014 Packer Depth: 5648

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: 12/3/2014 Email pollyt@whiting.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400744858	FORM 5A SUBMITTED
400744882	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)