

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400961037 Date Received:				
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: <u>96155</u> 2. Name of Operator: <u>WHITING OIL & GAS CORPORATION</u> 3. Address: <u>1700 BROADWAY STE 2300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	4. Contact Name: <u>Pauleen Tobin</u> Phone: <u>(303) 837-1661</u> Fax: <u>(303) 390-1598</u> Email: <u>pollyt@whiting.com</u>
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5. API Number <u>05-123-41647-00</u> 7. Well Name: <u>Horsetail</u> 8. Location: QtrQtr: <u>Lot 2</u> Section: <u>7</u> Township: <u>10N</u> Range: <u>57W</u> Meridian: <u>6</u> 9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	6. County: <u>WELD</u> Well Number: <u>07E-0602</u>
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Completed Interval

FORMATION: <u>CARLILE</u>	Status: <u>COMMINGLED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>8912</u>	Bottom: <u>10086</u>	No. Holes: <u>210</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
Completed Depths: 8912'-10086' (210 shots)		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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.		

FORMATION: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2017 End Date: 03/30/2017 Date of First Production this formation: 07/21/2017

Perforations Top: 6451 Bottom: 13920 No. Holes: 1201 Hole size: 3/8

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

30 Stage Plug & Perf 872473# 100 Mesh, 3914259# Premium White, 40/70, 94 bbls15% HCl, 184012 bbls slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 184106 Max pressure during treatment (psi): 7627

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): 0.80

Total acid used in treatment (bbl): 94 Number of staged intervals: 30

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 21857

Fresh water used in treatment (bbl): 184012 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4786732 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/09/2017 Hours: 24 Bbl oil: 168 Mcf Gas: 49 Bbl H2O: 822

Calculated 24 hour rate: Bbl oil: 168 Mcf Gas: 49 Bbl H2O: 822 GOR: 292

Test Method: Separator Casing PSI: 0 Tubing PSI: 335 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1436 API Gravity Oil: 35

Tubing Size: 3 Tubing Setting Depth: 5987 Tbg setting date: 07/06/2017 Packer Depth: 5977

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: CODELL Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 6627 Bottom: 13620 No. Holes: 791 Hole size: 3/8

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

Completed Depths: 6627'-8852' (390 shots); 10143'-11493' (240 shots); 11784'-11844' (20 shots); 12252'-12958' (130 shots); 13619'-13620' (11 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: 6451 Bottom: 13561 No. Holes: 200 Hole size: 3/8

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

Completed Depths: 6451'-6570' (30 shots); 11549'-11727' (40 shots); 11901'-12196' (60 shots); 13052'-13561' (70 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.

Comment: Top of producing zone corrected to 2521 FNL 461 FWL based on top perforation at 6451'.

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

Table with 2 columns: Att Doc Num, Name. Row 1: 401408351, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)