

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:

400782218

Date Received:

07/29/2015

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: Elvera Berryman

Phone: (303) 390-4221

Fax: (303) 390-1598

Email: elvera.berryman@whiting.com

5. API Number 05-123-39200-00

7. Well Name: Horsetail

8. Location: QtrQtr: SENW Section: 30 Township: 10N Range: 57W Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

6. County: WELD

Well Number: 30F-3106

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/07/2015 End Date: 01/14/2015 Date of First Production this formation: 03/30/2015  
Perforations Top: 5989 Bottom: 13075 No. Holes: 1440 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Cemented Liner 40 staged intervals: SlickWater: 32344 bbl; pHaserFrac 22#: 73947 bbl; pHaserFrac #20: 10592 bbl; Linear Gel: 11997 bbl; 15% HCL: 167 bbl  
Total Proppant: 6733286# 20/40 Ottawa; 116030# 40/70 Ottawa  
See attached Frac Summary Report and Wellbore Diagram for details.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 129047

Max pressure during treatment (psi): 7052

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): 0.66

Total acid used in treatment (bbl): 167

Number of staged intervals: 40

Recycled water used in treatment (bbl): 128880

Flowback volume recovered (bbl): 28667

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6849316

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Date: 05/03/2015 Hours: 24 Bbl oil: 403 Mcf Gas: 15 Bbl H2O: 866  
Calculated 24 hour rate: Bbl oil: 403 Mcf Gas: 15 Bbl H2O: 866 GOR: 37  
Test Method: Separator Casing PSI: 0 Tubing PSI: 200 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1381 API Gravity Oil: 34  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5589 Tbg setting date: 04/01/2015 Packer Depth: 5576

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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Elvera Berryman

Title: Engineer Tech Date: 7/29/2015 Email: elvera.berryman@whiting.com

### Attachment Check List

Att Doc Num	Name
400782218	FORM 5A SUBMITTED
400876623	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)