

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:

400782154

Date Received:

09/22/2015

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 05-123-39202-00

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-3105

### 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: 04/03/2015  
Perforations Top: 5995 Bottom: 12830 No. Holes: 1440 Hole size: 3/7

Provide a brief summary of the formation treatment:

Open Hole: ☐

Cemented Liner 40 staged intervals: SlickWater: 31908 bbl; pHaserFrac #22: 73978 bbl; pHaserFrac #20: 10696 bbl; Linear Gel: 12000 bbl; 15% HCL: 143 bbl  
Total Proppant: 6749439# 20/40 Ottawa; 101457# 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): 128725

Max pressure during treatment (psi): 7274

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): 143

Number of staged intervals: 40

Recycled water used in treatment (bbl): 128582

Flowback volume recovered (bbl): 26947

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

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6850896

Rule 805 green completion techniques were utilized: ☒

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

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

#### Test Information:

Date: 05/01/2015 Hours: 24 Bbl oil: 468 Mcf Gas: 0 Bbl H2O: 1120  
Calculated 24 hour rate: Bbl oil: 468 Mcf Gas: 0 Bbl H2O: 1120 GOR: 0  
Test Method: Separator Casing PSI: 0 Tubing PSI: 250 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1352 API Gravity Oil: 59  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5494 Tbg setting date: 04/05/2015 Packer Depth: 5479

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: 9/22/2015 Email: elvera.berryman@whiting.com

### Attachment Check List

Att Doc Num	Name
400782154	FORM 5A SUBMITTED
400886800	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Waiting on form 5 to pass	05/29/2018

Total: 1 comment(s)