

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:

401466705

Date Received:

11/22/2017

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: Pauleen Tobin
Phone: (303) 837-1661
Fax:
Email: pollyt@whiting.com

5. API Number 05-123-41481-00
6. County: WELD
7. Well Name: Horsetail
Well Number: 08B-1743
8. Location: QtrQtr: NWNE Section: 8 Township: 10N Range: 57W Meridian: 6
9. Field Name: DJ HORIZONTAL CODELL-FORT Field Code: 16949

Completed Interval

FORMATION: CODELL-FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/30/2017 End Date: 08/09/2017 Date of First Production this formation: 09/19/2017

Perforations Top: 6370 Bottom: 16024 No. Holes: 2601 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

65 Stage Plug & Perf, 1257475# 100 Mesh, 5181063# 40/70 Prem White sand, 438 bbls 15% HCl, 256280 bbls slickwater

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

Total fluid used in treatment (bbl): 256718

Max pressure during treatment (psi): 7979

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): 438

Number of staged intervals: 65

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 8549

Fresh water used in treatment (bbl): 256280

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6438538

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/26/2017 Hours: 24 Bbl oil: 193 Mcf Gas: 157 Bbl H2O: 937

Calculated 24 hour rate: Bbl oil: 193 Mcf Gas: 157 Bbl H2O: 937 GOR: 813

Test Method: Separator Casing PSI: 940 Tubing PSI: 600 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1561 API Gravity Oil: 37

Tubing Size: 3 Tubing Setting Depth: 5966 Tbg setting date: 09/17/2017 Packer Depth: 5957

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: PRODUCING Treatment Type: _____

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

Perforations Top: 6370 Bottom: 16024 No. Holes: 2231 Hole size: _____

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

Completed Depths: 6370'-7257' (260 shots); 7543'-8373' (240 shots); 9675'-10639' (290 shots); 10740'-13930' (890 shots); 14036'-16024' (551 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: PRODUCING Treatment Type: _____

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

Perforations Top: 7291 Bottom: 14002 No. Holes: 370 Hole size: _____

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

Completed Depths: 7291'-7512' (70 shots); 8407'-9646' (260 shots); 10680'-10712' (20 shots); 13960'-14002' (20 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 764 FNL 1894 FEL based on top perforation at 6370'.

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: 11/22/2017 Email: pollyt@whiting.com

Attachment Check List

Att Doc Num	Name
401466705	FORM 5A SUBMITTED
401466713	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Agency	Corrected Commingled reporting of non-common source formations Instructed to update Form 7 reporting.	06/08/2018

Total: 1 comment(s)