

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 LINCOLN STREET SUITE 4700 Fax: _____
 City: DENVER State: CO Zip: 80290 Email: pollyt@whiting.com

5. API Number 05-123-43931-00 6. County: WELD
 7. Well Name: Razor Fed Well Number: 26I-3546
 8. Location: QtrQtr: NESE 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: 07/12/2017 End Date: 07/21/2017 Date of First Production this formation: 10/04/2017
 Perforations Top: 6218 Bottom: 13088 No. Holes: 1960 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole:
50 Stage Plug & Perf, 980000 lbs 100 Mesh, 3944500 lbs 40/70 Prem White sand, 12 bbls 15% HCl, 185933 bbls slickwater

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 185945 Max pressure during treatment (psi): 7545
 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): 12 Number of staged intervals: 50
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3720
 Fresh water used in treatment (bbl): 185933 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 4924500 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/16/2017 Hours: 24 Bbl oil: 101 Mcf Gas: 39 Bbl H2O: 158
 Calculated 24 hour rate: Bbl oil: 101 Mcf Gas: 39 Bbl H2O: 158 GOR: 387
 Test Method: Separator Casing PSI: 800 Tubing PSI: 230 Choke Size: 26/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1437 API Gravity Oil: 38
 Tubing Size: 3 Tubing Setting Depth: 5655 Tbg setting date: 09/23/2017 Packer Depth: 5639

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:

Well completed within setbacks.

Top of producing zone corrected to 2498 FSL 912 FEL based on top perforation at 6218'.

Updated pound sign to lbs abbreviation in frac description
Corrected pkr depth

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: Regulatory Compliance Spe Date: _____ Email pollyt@whiting.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401484782	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Returned to DRAFT for review and repair per agreement with operator. Deficiencies previously acknowledged in prior requests.	06/30/2020

Total: 1 comment(s)