

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) 892-2109



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Document Number:
400785290

Date Received:

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: <u>96155</u>	4. Contact Name: <u>Elvera Berryman</u>
2. Name of Operator: <u>WHITING OIL & GAS CORPORATION</u>	Phone: <u>(303) 390-4221</u>
3. Address: <u>1700 LINCOLN STREET SUITE 4700</u>	Fax: <u>(303) 390-1598</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>elvera.berryman@whiting.com</u>

5. API Number <u>05-123-39257-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>33M-2803</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>33</u> Township: <u>10N</u> Range: <u>58W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/16/2015 End Date: 02/25/2015 Date of First Production this formation: 03/11/2015
Perforations Top: 6045 Bottom: 13032 No. Holes: 1260 Hole size: 3/8

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

Cemented Liner 35 stage plug & perf, 4396202 lbs 20/40 white sand, 117031 lbs 40/70 white sand; 756 bbl 15% HCl; 108793 bbl Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 109550

Max pressure during treatment (psi): 8908

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): 0.75

Total acid used in treatment (bbl): 757

Number of staged intervals: 35

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 27165

Fresh water used in treatment (bbl): 108793

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4513233

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/12/2015 Hours: 24 Bbl oil: 474 Mcf Gas: 283 Bbl H2O: 310

Calculated 24 hour rate: Bbl oil: 474 Mcf Gas: 283 Bbl H2O: 310 GOR: 597

Test Method: Separator Casing PSI: 800 Tubing PSI: 300 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1610 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5582 Tbg setting date: 03/13/2015 Packer Depth: 5571

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:

TPZ corrected to 742 FSL, 821 FWL calculated on top perf at 6045'.

Updated pound sign to lbs abbreviation in frac description
Corrected volumes in formation treatment summary
Corrected Proppant individual and total volumes
Corrected total fluid
Corrected freshwater volume

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: Engineering Technician Date: _____ Email: elvera.berryman@whiting.com

Attachment Check List

Att Doc Num	Name
400854995	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)