

Document Number:
400830466

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>Bethany Kerley</u>
2. Name of Operator: <u>WHITING OIL & GAS CORPORATION</u>	Phone: <u>(303) 802-8376</u>
3. Address: <u>1700 LINCOLN STREET SUITE 4700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>bethany.kerely@whiting.com</u>

5. API Number <u>05-123-39305-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Razor</u>	Well Number: <u>33O-2812</u>
8. Location: QtrQtr: <u>SWSE</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: 02/27/2015 End Date: 03/05/2015 Date of First Production this formation: 03/19/2015

Perforations Top: 6084 Bottom: 13132 No. Holes: 1260 Hole size: 3/8

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

3,816,054 lbs Premium 20/40 WS, 93,200 lbs Premium 40/70 WS, 815 bbls 15% HCL, 95497 bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>96312</u>	Max pressure during treatment (psi): <u>8645</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.80</u>
Total acid used in treatment (bbl): <u>815</u>	Number of staged intervals: <u>35</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>20552</u>
Fresh water used in treatment (bbl): <u>95497</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>3909254</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>04/03/2015</u>	Hours: <u>24</u>	Bbl oil: <u>843</u>	Mcf Gas: <u>386</u>	Bbl H2O: <u>114</u>
Calculated 24 hour rate:	Bbl oil: <u>843</u>	Mcf Gas: <u>386</u>	Bbl H2O: <u>114</u>	GOR: <u>458</u>
Test Method: <u>Separator</u>	Casing PSI: <u>950</u>	Tubing PSI: <u>475</u>	Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1587</u>	API Gravity Oil: <u>36</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5593</u>	Tbg setting date: <u>03/19/2015</u>	Packer Depth: <u>5579</u>	

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 733 FSL, 1573 FEL calculated on top perf at 6084'.

Updated pound sign to lbs abbreviation in frac description
Corrected Proppant total and freshwater volume. Revised frac summary.
Corrected packer depth

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

Signed: _____ Print Name: Bethany Kerley
Title: Engineering Technician Date: _____ Email: bethany.kerley@whiting.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400830567	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
Permit	Oper. submitted Form 4#400837986 to correct well number to 33O-2812.	05/13/2015

Total: 2 comment(s)