

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) 89-2109



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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: Anna Cillo
 2. Name of Operator: WHITING OIL & GAS CORPORATION Phone: (303) 390-1328
 3. Address: 1700 LINCOLN STREET SUITE 4700 Fax: _____
 City: DENVER State: CO Zip: 80290 Email: anna.cillo@whiting.com

5. API Number 05-123-40215-00 6. County: WELD
 7. Well Name: Razor Fed Well Number: 30K-3108
 8. Location: QtrQtr: NESW Section: 30 Township: 10N Range: 58W Meridian: 6
 9. Field Name: DJ HORIZONTAL CARL-CODL- Field Code: 16946

Completed Interval

FORMATION: CARLILE Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/07/2015

Perforations Top: 12335 Bottom: 13212 No. Holes: 156 Hole size: 3/8

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

Completed Depth: 12335'-13212' (156 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: CARLILE-CODELL-FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/15/2015 End Date: 09/19/2015 Date of First Production this formation: 10/07/2015

Perforations Top: 6510 Bottom: 13531 No. Holes: 1157 Hole size: 3

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

30 stage Plug & Perf; 4,815,024 lbs 30/50 sand, 120,033 lbs 40/70 sand, 657 bbls 15% HCl, 206,639 bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 207296 Max pressure during treatment (psi): 7829

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): 0.79

Total acid used in treatment (bbl): 657 Number of staged intervals: 30

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 17840

Fresh water used in treatment (bbl): 206639 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4935057 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/24/2015 Hours: 24 Bbl oil: 422 Mcf Gas: 101 Bbl H2O: 685

Calculated 24 hour rate: Bbl oil: 422 Mcf Gas: 101 Bbl H2O: 685 GOR: 239

Test Method: Separator Casing PSI: 855 Tubing PSI: 365 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1501 API Gravity Oil: 35

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6042 Tbg setting date: 10/15/2015 Packer Depth: 6026

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: 10/07/2015

Perforations Top: 6510 Bottom: 13451 No. Holes: 988 Hole size: 3/8

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

Completed Depth: 6510'-12255' (949 shots); 13290'-13451' (39 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: 10/07/2015

Perforations Top: 13529 Bottom: 13531 No. Holes: 13 Hole size: 3/8

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

Completed Depth: 13529'-13531' (13 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:
Well was drilled 50' into a 600' setback, well completed 169' outside the 600' setback with bottom perf at 13531'.
TZP corrected to 2504 FSL 2387 FWL based on top perf of 6510'

Updated pound sign to lbs abbreviation in frac description
Corrected Proppant total and freshwater volume. Revised frac summary.
Added formation information panels for Ft Hays, Codell, Carlile
Update to order 535-314 to add Ft. Hays and Carlile pending

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

Signed: _____ Print Name: Anna Cillo

Title: Engineering Technician Date: 1/8/2021 Email: anna.cillo@whiting.com

Attachment List

Att Doc Num	Name
400968439	FORM 5A SUBMITTED
400968464	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	-Changed the individual formation panels to producing and combine panel to commingled since the well is located outside GWA -Passed Permit Review	01/27/2021
Engineering Tech	Returned to DRAFT for review and repair per agreement with operator. Deficiencies previously acknowledged in prior requests.	06/30/2020
Permit	Corrected formation per operator request.	06/01/2016

Total: 3 comment(s)