

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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04/02/2012

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: 10399  
2. Name of Operator: NIGHTHAWK PRODUCTION LLC  
3. Address: 1805 SHEA CENTER DR #290  
City: HIGHLANDS State: CO Zip: 80129  
4. Contact Name: HAROLD MAYLAND  
Phone: (303) 407-9600  
Fax:

5. API Number 05-073-06319-00  
6. County: LINCOLN  
7. Well Name: CRAIG  
Well Number: 4-4  
8. Location: QtrQtr: NWNW Section: 4 Township: 14S Range: 55W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: ATOKA Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: Bottom: No. Holes: Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: Max 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: LOW PRODUCTION  
Date formation Abandoned: 03/14/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: 6760 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 03/15/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 03/19/2012  
Perforations Top: 6538 Bottom: 6556 No. Holes: 48 Hole size: 42/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

ACIDIZE W/2000 GAL 15% MCA/HCL

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: \_\_\_\_\_

Max 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: 03/20/2012 Hours: 24 Bbl oil: 18 Mcf Gas: 20 Bbl H2O: 128  
Calculated 24 hour rate: Bbl oil: 18 Mcf Gas: 20 Bbl H2O: 128 GOR: 1111  
Test Method: PUMPING Casing PSI: 20 Tubing PSI: 20 Choke Size: \_\_\_\_\_  
Gas Disposition: VENTED Gas Type: WET Btu Gas: 1440 API Gravity Oil: 39  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6684 Tbg setting date: 03/16/2012 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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: HAROLD MAYLAND  
Title: OPERATIONS MGR Date: 3/28/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.

**Attachment Check List**

Att Doc Num	Name
2288107	FORM 5A SUBMITTED
2288108	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)