

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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Document Number:

2288633

Date Received:

05/14/2012

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: (303) 407-8790

5. API Number 05-073-06320-00
6. County: LINCOLN
7. Well Name: CRAIG
Well Number: 8-1
8. Location: QtrQtr: SENE Section: 1 Township: 14S Range: 55W Meridian: 6
9. Field Name: CRAIG RANCH Field Code: 13525

Completed Interval

FORMATION: MARMATON Status: PRODUCING Treatment Type:
Treatment Date: 04/11/2012 End Date: Date of First Production this formation: 04/16/2012
Perforations Top: 6402 Bottom: 6423 No. Holes: 66 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

ACIDIZE WITH 1200 GAL 15% MSA ACID

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: 04/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 78
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 78 GOR:
Test Method: PUMPING Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 1
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6442 Tbg setting date: 04/12/2012 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:

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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: 5/10/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.
:

Attachment Check List

Att Doc Num	Name
2288633	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	FORMATION: MARMATON: API GRAVITY IS REQUIRED IF BBLS OIL IS ENTERED.	6/13/2012 9:31:27 AM

Total: 1 comment(s)