

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10399 2. Name of Operator: NIGHTHAWK PRODUCTION LLC 3. Address: 1805 SHEA CENTER DR #290 City: HIGHLANDS State: CO Zip: 80129 4. Contact Name: HAROLKD MAYLAND Phone: (303) 407-9600 Fax: (303) 407-8790

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

Completed Interval

FORMATION: ATOKA Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 02/25/2009 Perforations Top: 6736 Bottom: 6988 No. Holes: 129 Hole size: 40/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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 VOLUMES

Date formation Abandoned: 03/28/2012 Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 6700 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB  
 Treatment Date: 03/29/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 04/06/2012  
 Perforations Top: 6354 Bottom: 6273 No. Holes: 60 Hole size: 42/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

ACIDIZE WITH 1000 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: 04/07/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 0 Bbl H2O: 60  
 Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 0 Bbl H2O: 60 GOR: \_\_\_\_\_  
 Test Method: PUMPING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 1  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7274 Tbg setting date: 03/30/2012 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: 5/10/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.

**Attachment Check List**

Att Doc Num	Name
2288629	COMPLETED INTERVAL REPORT
2288630	WELLBORE DIAGRAM
400324375	FORM 5A SUBMITTED

Total Attach: 3 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK CHEROKEE FORMATION: API GRAVITY ENTERED DUE TO BBLs OIL IS ENTERED.	6/13/2012 10:18:20 AM

Total: 1 comment(s)