

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: HAROLD 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: 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 [X] 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:

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	COMPLETED INTERVAL REPORT
400324376	FORM 5A SUBMITTED

Total Attach: 2 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)