

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2288687

Date Received: 06/01/2012

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 05-073-06321-00
6. County: LINCOLN
7. Well Name: JOLLY RANCH
Well Number: 10-5
8. Location: QtrQtr: NWSE Section: 5 Township: 13S Range: 55W Meridian: 6
9. Field Name: JOLLY RANCH Field Code: 42640

Completed Interval

FORMATION: ATOKA Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6920 Bottom: 7301 No. Holes: 165 Hole size: 40/100
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: WATER

Date formation Abandoned: 05/23/2012 Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 6900 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: SHUT IN Treatment Type: \_\_\_\_\_  
 Treatment Date: 05/24/2012 End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 6526 Bottom: 6532 No. Holes: 36 Hole size: 42/100

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: 05/25/2012 Hours: 8 Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 47  
 Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 0 Bbl H2O: 141 GOR: \_\_\_\_\_  
 Test Method: SWABBING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 38  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6552 Tbg setting date: 05/29/2012 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: 5/31/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.

**Attachment Check List**

Att Doc Num	Name
2288687	COMPLETED INTERVAL REPORT
2288688	WELLBORE DIAGRAM
2288689	WIRELINE JOB SUMMARY
400324147	FORM 5A SUBMITTED

Total Attach: 4 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)