

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 05-073-06310-00
6. County: LINCOLN
7. Well Name: JOLLY RANCH
Well Number: 16-1
8. Location: QtrQtr: SESE Section: 1 Township: 13S Range: 56W Meridian: 6
9. Field Name: JOLLY RANCH Field Code: 42640

Completed Interval

FORMATION: ATOKA Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7056 Bottom: 7380 No. Holes: 147 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: NOT PROFITABLE.

Date formation Abandoned: 05/01/2012 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7025 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: SHUT IN Treatment Type: _____
 Treatment Date: 05/02/2012 End Date: _____ Date of First Production this formation: 05/07/2012
 Perforations Top: 6658 Bottom: 6762 No. Holes: 48 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:

400 GAL 15% MCA 6,758-62'
 400 GAL 15% MCA 6,658-62'

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: 05/07/2012 Hours: 6 Bbl oil: 5 Mcf Gas: 0 Bbl H2O: 127
 Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 9 Bbl H2O: 508 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: 6854 Tbg setting date: 05/09/2012 Packer Depth: _____

Reason for Non-Production: WAITING ON FACILITIES

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: 5/22/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.

Attachment Check List

Att Doc Num	Name
2288690	FORM 5A SUBMITTED
2288691	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	ATOKA: CHECK REASON FOR NON-PRODUCTION - OMITTED BY OPERATOR.	6/20/2012 3:56:37 PM

Total: 1 comment(s)