

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:  
400353142

Date Received:

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 10399 4. Contact Name: Mindy Obando  
 2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (303) 407-9605  
 3. Address: 1805 SHEA CENTER DR #290 Fax: (303) 407-8790  
 City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-073-06481-00 6. County: LINCOLN  
 7. Well Name: WHISTLER Well Number: 6-22  
 8. Location: QtrQtr: SENW Section: 22 Township: 6S Range: 54W Meridian: 6  
 Footage at surface: Distance: 1668 feet Direction: FNL Distance: 1951 feet Direction: FWL  
 As Drilled Latitude: 39.516583 As Drilled Longitude: -103.427963

GPS Data:  
 Date of Measurement: 07/27/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Keith Westfall

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 10/23/2012 13. Date TD: 11/02/2012 14. Date Casing Set or D&A: 11/08/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8500 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8360 TVD\*\* \_\_\_\_\_

18. Elevations GR 5252 KB 5264 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
Induction, Microlog, Nuclear Porosity, Sonic, Triple Combo, LAS and CBL

20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	401	130	0	401	CALC
1ST	7+7/8	5+1/2	17	0	8,471	743	3,290	8,500	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
DAKOTA-J SAND-D SAND	4,604	4,757	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,906		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,258	7,396	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,466	7,490	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,637		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,946		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	8,098	8,144	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,194		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	8,338		<input type="checkbox"/>	<input type="checkbox"/>	
ARBUCKLE	8,372		<input type="checkbox"/>	<input type="checkbox"/>	
GRANITE	8,466	8,500	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Mindy Obando

Title: Accounting Manager

Date: \_\_\_\_\_

Email: mindyjoobando@nighthawkenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400353281	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400353243	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353268	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353269	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353270	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353271	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353274	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353276	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353278	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353298	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)