

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 05-073-06477-00 6. County: LINCOLN 7. Well Name: JOHN CRAIG Well Number: 6-2 8. Location: QtrQtr: SENW Section: 2 Township: 10S Range: 56W Meridian: 6 9. Field Name: OLD HOMESTEAD Field Code: 60634

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: Treatment Date: 09/18/2012 End Date: Date of First Production this formation: 09/19/2012 Perforations Top: 7354 Bottom: 7366 No. Holes: 72 Hole size: 32/100 Provide a brief summary of the formation treatment: Open Hole: []

ACIDIZE W/1200 GAL 15% MCA

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: Min 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: 09/20/2012 Hours: 24 Bbl oil: 603 Mcf Gas: 125 Bbl H2O: 151 Calculated 24 hour rate: Bbl oil: 603 Mcf Gas: 125 Bbl H2O: 151 GOR: 207 Test Method: FLOWING Casing PSI: Tubing PSI: 25 Choke Size: 1 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1125 API Gravity Oil: 37 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7363 Tbg setting date: 09/18/2012 Packer Depth: 7234

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:

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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: 10/8/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.
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Attachment Check List

Att Doc Num	Name
2237693	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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