

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



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Document Number:
2237689

Date Received:
12/11/2012

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: HAROLD MAYLAND
 2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (303) 407-960
 3. Address: 1805 SHEA CENTER DR #290 Fax: (303) 407-8790
 City: HIGHLANDS State: CO Zip: 80129

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
 Footage at surface: Distance: 2038 feet Direction: FNL Distance: 2267 feet Direction: FWL
 As Drilled Latitude: 39.209550 As Drilled Longitude: -103.632190

GPS Data:
 Date of Measurement: 05/29/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: KEITH WESTFALL

** If directional footage at Top of Prod. Zone Dist.: 1999 feet. Direction: FNL Dist.: 2374 feet. Direction: FWL
 Sec: 2 Twp: 10S Rng: 56W
 ** If directional footage at Bottom Hole Dist.: 2002 feet. Direction: FNL Dist.: 2407 feet. Direction: FWL
 Sec: 2 Twp: 10S Rng: 56W

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) 08/22/2012 13. Date TD: 09/05/2012 14. Date Casing Set or D&A: 09/09/2012

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

16. Total Depth MD 8250 TVD** 8250 17 Plug Back Total Depth MD 8132 TVD** 8132

18. Elevations GR 5271 KB 5283 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:
TRIPLE COMBO/NEUTRON/DENSITY/INDUCTION/SONIC/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+7/8		0	318	171	0	318	CALC
1ST	7+7/8	5+1/2		0	8,250	506	4,410	8,250	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	4,250	200	3,160	4,250

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	4,332		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	5,550		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	5,768		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,013		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,113		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,318		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,823		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,032		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	8,168		<input type="checkbox"/>	<input type="checkbox"/>	
ARBUCKLE	8,201		<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: HAROLD MAYLAND

Title: OPERATIONS MGR Date: 9/21/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.CO

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2237690	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2237692	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2237689	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2237694	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Form is missing as-drilled GPS.	12/12/2012 11:13:29 AM
Data Entry	CHECK CASING ENTRY - SECOND STRING ENTERED FOR SUBMISSION.	12/11/2012 11:34:01 AM

Total: 2 comment(s)