

FORM
5A

Rev
06/12

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:

400353306

Date Received:

12/03/2012

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: Mindy Obando

Phone: (303) 407-9605

Fax: (303) 407-8790

5. API Number 05-073-06480-00

7. Well Name: Knoss

8. Location: QtrQtr: SENW Section: 21 Township: 12S Range: 56W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: LINCOLN

Well Number: 6-21

Completed Interval

FORMATION: CHEROKEE Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 10/21/2012 End Date: 10/30/2012 Date of First Production this formation: _____
Perforations Top: 7320 Bottom: 7412 No. Holes: 108 Hole size: 21/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perf Top 7408, Perf Bottom 7412 - Acidize w/1000 gal 15% HCL - Test Date 10/22/12 Test 10hr 109 Bbls Oil, 0 Mcf Gas and 114 Bbls H2O Test 24hr 218 Bbls Oil, 0 Mcf Gas and 228 Bbls H2O Tubing Size 2 7/8 TSDepth 7286 TSDDate 10/21/12 Packer Depth 7291
Perf Top 7358, Perf Bottom 7370 - Acidize w/1200 gal 15% HCL - Test Date 10/24/12 Test 15hr 54 Bbls Oil, 0 Mcf Gas and 469 H2O Test 24hr 100 Bbls Oil, 0 Mcf Gas and 950 Bbls H2O Tubing Size 2 7/8 TSDepth 7224 TSDDate 10/23/12 Packer Depth 7228
Perf Top 7320, Perf Bottom 7328 - Acidize w/800 gal 15% HCL - Test Date 10/30/12 Test 10hr 22 Bbls Oil, 0 Mcf Gas and 242 Bbls H2O Test 24hr 50 Bbls Oil, 0 Mcf Gas and 480 Bbls H2O Tubing Size 2 7/8 TSDepth 7192 TSDDate 10/29/12 Packer Depth 7196

This formation is commingled with another formation:

☒ Yes ☐ No

Total fluid used in treatment (bbl): 3000

Max pressure during treatment (psi): 1000

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): 3000

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 1289

Fresh water used in treatment (bbl): _____

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/30/2012 Hours: 10 Bbl oil: 22 Mcf Gas: 0 Bbl H2O: 242
Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 0 Bbl H2O: 480 GOR: 0
Test Method: Swabbing Casing PSI: 0 Tubing PSI: 0 Choke Size: 2
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 39
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7192 Tbg setting date: 10/29/2012 Packer Depth: 7196

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: Mindy Obando

Title: Accounting Manager Date: 12/3/2012 Email: mindyjoobando@nighthawkenenergy.com

Attachment Check List

Att Doc Num	Name
400353306	FORM 5A SUBMITTED
400353467	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)