

FORM
5Rev
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:

2238047

Date Received:

11/19/2012

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) 407-9604

3. Address: 1805 SHEA CENTER DR #290

Fax: (303) 407-8790

City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-073-06480-00

6. County: LINCOLN

7. Well Name: Knoss

Well Number: 6-21

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

Footage at surface: Distance: 1402 feet Direction: FNL Distance: 1686 feet Direction: FWL

As Drilled Latitude: 38.992880 As Drilled Longitude: -103.677310

GPS Data:

Date of Measurement: 11/14/2012 PDOP Reading: 2.7 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) 09/25/2012 13. Date TD: 10/09/2012 14. Date Casing Set or D&A: 10/12/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8453 TVD** 17 Plug Back Total Depth MD 8306 TVD**

18. Elevations GR 5418 KB 5430

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+5/8		0	307	130	0	307	CALC
1ST	7+7/8	5+1/2		0	8,427	627	7,100	8,453	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,093	150	3,756	4,868
Details of work:					
Port Collar installed at 4093.					

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	4,104		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,722		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,106		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,320		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,551		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,988		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	8,139		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,360		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	8,420		<input type="checkbox"/>	<input type="checkbox"/>	

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: 11/15/2012 Email: HAROLDMAYLAND@NIGHTHAWKENERGY.CO

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2238048	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2238047	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Recieved surface casing cement ticket.	1/29/2013 9:04:36 AM
Permit	Recieved as-drilled GPS.	1/28/2013 10:48:18 AM
Permit	Recieved some of the digital logs.	1/25/2013 11:23:14 AM
Permit	Request surface casing cement ticket.	1/16/2013 6:46:33 AM
Permit	Requested LAS digital logs.	1/16/2013 6:43:37 AM
Permit	Requested as-drilled GPS.	1/16/2013 6:43:15 AM
Data Entry	CHECK CASING STRINGS FOR ACCURACY. PORT COLLAR NOT OFFERED FOR CASING.	1/15/2013 2:13:35 PM

Total: 7 comment(s)