

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:
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:

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

User Group	Comment	Comment Date
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)