

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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Date Received:

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, reoperation 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 4. Contact Name: Harold Mayland
2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (303) 407-9604
3. Address: 1805 SHEA CENTER DR #290 City: HIGHLANDS State: CO Zip: 80129 Fax: (303) 407-8790

5. API Number 05-073-06311-00 6. County: LINCOLN
7. Well Name: JOLLY RANCH Well Number: 2-1
8. Location: QtrQtr: NWNE Section: 1 Township: 13S Range: 56W Meridian: 6
9. Field Name: JOLLY RANCH Field Code: 42640

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 04/14/2012 End Date: 04/14/2012 Date of First Production this formation: 05/04/2011

Perforations Top: 6918 Bottom: 6922 No. Holes: 24 Hole size: 21/50

Provide a brief summary of the formation treatment: Open Hole: []

Acidize with 400 gal 15% HCL

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 42 Max pressure during treatment (psi): 0
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): 18 Number of staged intervals:
Recycled water used in treatment (bbl): 24 Flowback volume recovered (bbl): 67
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/16/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 123
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 350 GOR: 0
Test Method: Swab Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6665 Tbg setting date: 04/17/2012 Packer Depth: 6903

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: Mindy Obando
Title: Accounting Manager Date: _____ Email: mindyjoobando@nighthawkenenergy.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)