

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



DE ET OE ES

Document Number:

400445092

Date Received:

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: Mindy Obando

2. Name of Operator: NIGHTHAWK PRODUCTION LLC

Phone: (303) 407-9605

3. Address: 1805 SHEA CENTER DR #290

Fax: (303) 407-8790

City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-073-06523-01

6. County: LINCOLN

7. Well Name: BIG SKY

Well Number: 4-11

8. Location: QtrQtr: NWNW Section: 11 Township: 6S Range: 54W Meridian: 6

Footage at surface: Distance: 615 feet Direction: FNL Distance: 622 feet Direction: FWL

As Drilled Latitude: 39.548770 As Drilled Longitude: -103.414600

GPS Data:

Data of Measurement: 06/26/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Elijah Frane

** 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: ARIKAREE CREEK

10. Field Number: 2914

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/12/2013 13. Date TD: 05/08/2013 14. Date Casing Set or D&A: 05/14/2013

15. Well Classification:

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

16. Total Depth MD 8350 TVD** 17 Plug Back Total Depth MD 8259 TVD**

18. Elevations GR 5193 KB 5208

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:

Surface Cement, Production Cement, BHC Sonic_Final, PEX Initial Run, Triple Combo, Borehole Compensated Sonic, Induction, Nuclear Porosity, Caliper, CBL/CCL/GR and Surveys

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	24	0	301	70	0	301	CALC
1ST	7+7/8	5+1/2	17	0	8,350	1,218	0	8,350	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	4,586	4,647	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,882	7,206	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,207	7,313	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,386	7,407	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,552	7,799	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,800	7,927	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,928	7,959	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,016	8,037	<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	8,077	8,124	<input type="checkbox"/>	<input type="checkbox"/>	
ARBUCKLE	8,125	8,350	<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: Mindy Obando

Title: Accounting Manager Date: _____ Email: mindyjoobando@nighthawkenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400445157	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445159	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445160	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445162	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445163	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445165	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445167	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445169	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445175	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445176	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400445177	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)