

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, 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 05-073-06523-01 6. County: LINCOLN 7. Well Name: BIG SKY Well Number: 4-11 8. Location: QtrQtr: NWNW Section: 11 Township: 6S Range: 54W Meridian: 6 9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/26/2013

Perforations Top: 8038 Bottom: 8070 No. Holes: 128 Hole size: 13/25

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

No treatment was done to this formation.

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

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

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/26/2013 Hours: 4 Bbl oil: 91 Mcf Gas: 5 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 375 Mcf Gas: 40 Bbl H2O: 0 GOR: 106 Test Method: Pumping Casing PSI: 20 Tubing PSI: 20 Choke Size: Gas Disposition: VENTED Gas Type: WET Btu Gas: 600 API Gravity Oil: 38 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8173 Tbg setting date: 05/20/2013 Packer Depth:

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:

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
400445204	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)