

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:

400445371

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 05-073-06520-00

6. County: LINCOLN

7. Well Name: TAOS

Well Number: 1-10

8. Location: QtrQtr: NENE Section: 10 Township: 6S Range: 54W Meridian: 6

Footage at surface: Distance: 1091 feet Direction: FNL Distance: 852 feet Direction: FEL

As Drilled Latitude: 39.547420 As Drilled Longitude: -103.419820

GPS Data:

Date of Measurement: 06/21/2013 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) 04/24/2013 13. Date TD: 06/01/2013 14. Date Casing Set or D&A: 04/23/2013

15. Well Classification:

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

16. Total Depth MD 8318 TVD** 17 Plug Back Total Depth MD 8207 TVD**

18. Elevations GR 5213 KB 5228

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:

Caliper, Induction, Laterolog, Nuclear Porosity, Sonic, Triple Combo, Downlog.las, Main.las, Repeat.las, Surface Cement, Production Cement, 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 | 304 | 90 | 0 | 304 | CALC |
| 1ST | 7+7/8 | 5+1/2 | 17 | 301 | 8,300 | 1,378 | 301 | 8,300 | 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 | 4,600 | 4,663 | <input type="checkbox"/> | <input type="checkbox"/> | |
| LANSING-KANSAS CITY | 6,910 | 7,241 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MARMATON | 7,242 | 7,385 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 7,460 | 7,482 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ATOKA | 7,637 | 7,845 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MORROW | 7,846 | 7,957 | <input type="checkbox"/> | <input type="checkbox"/> | |
| KEYES | 7,958 | 7,991 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SPERGEN | 8,044 | 8,105 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WARSAW | 8,106 | 8,169 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ARBUCKLE | 8,170 | 8,318 | <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> | | | |
| 400445391 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445392 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445393 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445394 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445396 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445397 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445402 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445404 | PDF-CALIPER | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445405 | PDF-INDUCTION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445406 | PDF-LATEROLOG | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445408 | PDF-POROSITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445409 | PDF-SONIC | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445411 | PDF-TRIPLE COMBINATION | 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)