

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400445414

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 05-073-06520-00
6. County: LINCOLN
7. Well Name: TAOS
Well Number: 1-10
8. Location: QtrQtr: NENE Section: 10 Township: 6S Range: 54W Meridian: 6
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: 06/15/2013
Perforations Top: 8054 Bottom: 8100 No. Holes: 184 Hole size: 13/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

No treatment completed on this formation.

This formation is commingled with another formation: ☐ Yes ☒ 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: 06/07/2013 Hours: 24 Bbl oil: 513 Mcf Gas: 92 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 513 Mcf Gas: 92 Bbl H2O: 0 GOR: 179
Test Method: Pumping Casing PSI: 70 Tubing PSI: 70 Choke Size:
Gas Disposition: VENTED Gas Type: WET Btu Gas: 600 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 8036 Tbg setting date: 06/07/2013 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.

FORMATION: WARSAW Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 8116 Bottom: 8132 No. Holes: 64 Hole size: 13/25
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No treatment completed on this formation.

This formation is commingled with another formation: ☐ Yes ☒ 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: 06/06/2013 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 12
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 24 GOR: _____
 Test Method: Pumping Casing PSI: 70 Tubing PSI: 70 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8125 Tbg setting date: 06/06/2013 Packer Depth: _____

Reason for Non-Production: Only water recovery, no oil.

Date formation Abandoned: 06/07/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8110 ** Sacks cement on top: 0 ** 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
400445468	WIRELINE JOB SUMMARY
400445469	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)