

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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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 [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: PIPELINE

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: 7/10/2013 Email: mindyjoobando@nighthawkenenergy.com

Attachment Check List

Att Doc Num	Name
400445414	FORM 5A SUBMITTED
400445468	WIRELINE JOB SUMMARY
400445469	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)