

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:

400468494

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 05-073-06528-00
6. County: LINCOLN
7. Well Name: SILVERTON
Well Number: 16-10
8. Location: QtrQtr: SESE 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: 07/10/2013
Perforations Top: 8096 Bottom: 8264 No. Holes: 200 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

No treatment was done 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: 06/10/2013 Hours: 24 Bbl oil: 131 Mcf Gas: 15 Bbl H2O: 75
Calculated 24 hour rate: Bbl oil: 131 Mcf Gas: 15 Bbl H2O: 75 GOR: 114
Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: VENTED Gas Type: WET Btu Gas: 550 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7999 Tbg setting date: 07/22/2013 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:

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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
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Attachment Check List

Att Doc Num Name

400468495	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)