

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400508147

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 4. Contact Name: Joyce Henkin
2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (720) 364-6456
3. Address: 1805 SHEA CENTER DR #290 City: HIGHLANDS State: CO Zip: 80129 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: ACID JOB
Treatment Date: 10/28/2013 End Date: 10/28/2013 Date of First Production this formation: 07/10/2013
Perforations Top: 8096 Bottom: 8120 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: []

3,000 gallons of 7.5% acetic acid with surfactant, Iron sequestering agent, acid inhibitor & scale inhibitor - No perfs added

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

Total fluid used in treatment (bbl): 204 Max pressure during treatment (psi): 2260
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): 71 Number of staged intervals:
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 26
Fresh water used in treatment (bbl): 132 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Joyce Henkin
Title: Production Tech Date: _____ Email: joycehenkin@nighthawkenenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400508248	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)