

FORM
5

Rev
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:

400502423

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
2. Name of Operator: NIGHTHAWK PRODUCTION LLC
3. Address: 1805 SHEA CENTER DR #290
City: HIGHLANDS State: CO Zip: 80129
4. Contact Name: Joyce Henkin
Phone: (720) 364-6456
Fax: (303) 407-8790

5. API Number 05-073-06556-00
6. County: LINCOLN
7. Well Name: BIG SKY Well Number: 12-11
8. Location: QtrQtr: NWSW Section: 11 Township: 6S Range: 54W Meridian: 6
Footage at surface: Distance: 2097 feet Direction: FSL Distance: 630 feet Direction: FWL
As Drilled Latitude: 39.541560 As Drilled Longitude: -103.414570

GPS Data:

Date of Measurement: 11/11/2013 PDOP Reading: 1.9 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) 10/11/2013 13. Date TD: 10/24/2013 14. Date Casing Set or D&A: 10/26/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8370 TVD** 17 Plug Back Total Depth MD 8370 TVD**

18. Elevations GR 5222 KB 5237
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:

Triple Combo
CBL

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+1/2	8.63	24	0	337	114	0	337	VISU
1ST	7+7/8	5+1/2	17	0	8,381	1,025	0	8,381	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/26/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	337	114	0	337
	1ST	8,381	1,025	0	8,381

Details of work:

Cement surface casing and production casing

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	
ARBUCKLE			<input type="checkbox"/>	<input type="checkbox"/>	Not Present
WOLFCAMP	6,208		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,912		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,244		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,425		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,624		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,870		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	8,058		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,109		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	8,170		<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: Joyce Henkin

Title: Production Tech Date: _____ Email: joycehenkin@nighthawkenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400508027	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
400508020	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400507874	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400511925	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400512123	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)