

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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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: (303) 407-9609
 3. Address: 1805 SHEA CENTER DR #290 Fax: (303) 407-8790
 City: HIGHLANDS State: CO Zip: 80129 Email: joycehenkin@nighthawkenergy.com

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
 9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 11/25/2013 End Date: 12/02/2013 Date of First Production this formation: _____

Perforations Top: 8106 Bottom: 8282 No. Holes: 392 Hole size: 52/100

Provide a brief summary of the formation treatment: _____ Open Hole:

6,000 gallons of 7.5% acetic acid with inhibitors and 10 gallons of BC-1 asphaltine solvent.

The interval treated was ONLY 8,106' -8,146'. CIBP set at 8,160', 8,186', 8,220', & 8,266'

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 366 Max pressure during treatment (psi): _____

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): 142 Number of staged intervals: _____

Recycled water used in treatment (bbl): 233 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0 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: 12/22/2013 Hours: 12 Bbl oil: 30 Mcf Gas: _____ Bbl H2O: 150

Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 0 Bbl H2O: 98 GOR: 0

Test Method: metered Casing PSI: 75 Tubing PSI: 45 Choke Size: 12/64

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 8091 Tbg setting date: 11/26/2013 Packer Depth: 8074

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8130 ** Sacks cement on top: _____ ** 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: Joyce Henkin

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

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400529902	OPERATIONS SUMMARY
400529916	WELLBORE DIAGRAM
400535462	CEMENT JOB SUMMARY
400535463	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)