

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:
400520409

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: (303) 407-9609
Fax: (303) 407-8790

5. API Number 05-073-06559-00
6. County: LINCOLN
7. Well Name: BIG SKY Well Number: 14-11
8. Location: QtrQtr: SESW Section: 11 Township: 6S Range: 54W Meridian: 6
Footage at surface: Distance: 658 feet Direction: FSL Distance: 2128 feet Direction: FWL
As Drilled Latitude: 39.537660 As Drilled Longitude: -103.409250

GPS Data:
Date of Measurement: 12/20/2013 PDOP Reading: 2.6 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) 11/07/2013 13. Date TD: 11/26/2013 14. Date Casing Set or D&A: 11/28/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8400 TVD** 17 Plug Back Total Depth MD 8288 TVD**

18. Elevations GR 5214 KB 5229
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:

CBL
Triple Combo

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+1/4	8+5/8	24	0	330	122	0	331	VISU
1ST	7+7/8	5+1/2	17	0	8,376	1,315	0	8,376	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
WOLFCAMP	6,417		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	7,232		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,338		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,434		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,847		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,984		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,146		<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@nighthawkenery.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400520423	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400520426	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530015	TIF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530115	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532724	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400538579	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541119	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)