

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
400541169

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: <u>10399</u> | 4. Contact Name: <u>Joyce Henkin</u> |
| 2. Name of Operator: <u>NIGHTHAWK PRODUCTION LLC</u> | Phone: <u>(303) 407-9609</u> |
| 3. Address: <u>1805 SHEA CENTER DR #290</u> | Fax: <u>(303) 407-8790</u> |
| City: <u>HIGHLANDS</u> State: <u>CO</u> Zip: <u>80129</u> | Email: <u>joycehenkin@nighthawkenergy.com</u> |

| | |
|--|---------------------------|
| 5. API Number <u>05-073-06559-00</u> | 6. County: <u>LINCOLN</u> |
| 7. Well Name: <u>BIG SKY</u> | Well Number: <u>14-11</u> |
| 8. Location: QtrQtr: <u>SESW</u> Section: <u>11</u> Township: <u>6S</u> Range: <u>54W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>ARIKAREE CREEK</u> Field Code: <u>2914</u> | |

Completed Interval

FORMATION: SPERGEN Status: WAITING ON COMPLETION Treatment Type: ACID JOB
Treatment Date: 12/16/2013 End Date: 12/20/2013 Date of First Production this formation: _____
Perforations Top: 8113 Bottom: 8134 No. Holes: 84 Hole size: 52/100
Provide a brief summary of the formation treatment: _____ Open Hole:

Acidized with 125 bbls of produced water with BC-1 Asphalttime solvent @ 175 degrees F, 7 1/2% acetic acid with additives @ 140 degrees F followed by 75 bbls produced water @ 170 degrees (Perfs 8113 - 8134) 84 holes .

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 197 Max pressure during treatment (psi): 1800
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): 72 Number of staged intervals: _____
Recycled water used in treatment (bbl): 0 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: _____ 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: 8076

Reason for Non-Production: No production - Squeezed perfs on 12/28/2013 with 50 sx, 11bbls, Class H cement - 25 sx w/6lbs fluid loss, 25 sx neat

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt 50

** Bridge Plug Depth: _____ ** 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@nighthawkenery.com

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400555387 | OPERATIONS SUMMARY |
| 400556633 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)