

Document Number:  
400541132

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 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

5. API Number 05-073-06560-00 6. County: LINCOLN  
 7. Well Name: BIG SKY Well Number: 13-11  
 8. Location: QtrQtr: SWSW Section: 11 Township: 6S Range: 54W Meridian: 6  
 Footage at surface: Distance: 774 feet Direction: FSL Distance: 657 feet Direction: FWL  
 As Drilled Latitude: 39.537930 As Drilled Longitude: -103.414470

GPS Data:  
 Date of Measurement: 02/26/2014 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) 12/17/2013 13. Date TD: 01/22/2014 14. Date Casing Set or D&A: 01/25/2014

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

16. Total Depth MD 8290 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8154 TVD\*\* \_\_\_\_\_

18. Elevations GR 5220 KB 5234  
 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:

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	337	130	0	338	VISU
1ST	7+7/8	5+1/2	17	0	8,267	1,252	0	8,267	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	
NIOBRARA	3,651		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,599		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	5,979		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,190		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,894		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,412		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,619		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,853		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,063		<input type="checkbox"/>	<input type="checkbox"/>	
GRANITE	8,288		<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 ?	
<b>Attachment Checklist</b>			
400556694	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"/>
<b>Other Attachments</b>			
400541140	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556721	TIF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556724	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400563411	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400571724	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400571733	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)