

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400572497  Date Received:				
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> 2. Name of Operator: <u>NIGHTHAWK PRODUCTION LLC</u> 3. Address: <u>1805 SHEA CENTER DR #290</u> City: <u>HIGHLANDS</u> State: <u>CO</u> Zip: <u>80129</u>	4. Contact Name: <u>Joyce Henkin</u> Phone: <u>(303) 407-9609</u> Fax: <u>(303) 407-8790</u> Email: <u>joycehenkin@nighthawkenergy.com</u>
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5. API Number <u>05-073-06582-00</u> 7. Well Name: <u>SNOW KING</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>54W</u> Meridian: <u>6</u> 9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	6. County: <u>LINCOLN</u> Well Number: <u>13-33</u>
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**Completed Interval**

FORMATION: <u>SPERGEN</u>	Status: <u>PRODUCING</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>04/14/2014</u>
Perforations Top: <u>8248</u>	Bottom: <u>8290</u>	No. Holes: <u>168</u> Hole size: <u>52/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

Perf'd only - on 4/4/2014 No treatment was performed

This formation is commingled with another formation:       Yes       No

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>04/14/2014</u>	Hours: <u>24</u>	Bbl oil: <u>400</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>400</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>40</u>	Tubing PSI: <u>40</u>	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>56</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>8267</u>	Tbg setting date: <u>04/07/2014</u>	Packer Depth: <u>8024</u>	

Reason for Non-Production:

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

\*\* 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@nighthawkenenergy.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400599062	WIRELINE JOB SUMMARY
400599348	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)