

FORM
5Rev
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:

400572496

Date Received:

05/05/2014

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 05-073-06582-00

6. County: LINCOLN

7. Well Name: SNOW KING

Well Number: 13-33

8. Location: QtrQtr: SWSW Section: 33 Township: 6S Range: 54W Meridian: 6

Footage at surface: Distance: 312 feet Direction: FSL Distance: 737 feet Direction: FWL

As Drilled Latitude: 39.477500 As Drilled Longitude: -103.451050

GPS Data:

Date of Measurement: 04/18/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: Elijah Frane

** If directional footage at Top of Prod. Zone Dist.: 312 feet. Direction: FSL Dist.: 737 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 54W

** If directional footage at Bottom Hole Dist.: 626 feet. Direction: FSL Dist.: 801 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 54W

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) 03/14/2014 13. Date TD: 03/27/2014 14. Date Casing Set or D&A: 03/30/2014

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8398 TVD** 9000 17 Plug Back Total Depth MD 8302 TVD** 5150

18. Elevations GR 5311 KB 5326

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:

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 | 28 | 0 | 356 | 130 | 0 | 351 | VISU |
| 1ST | 8+7/8 | 5+1/2 | 17 | 0 | 8,372 | 1,567 | 0 | 8,370 | 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 | |
| LANSING-KANSAS CITY | 6,966 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MARMATON | 7,306 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 7,510 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ATOKA | 7,707 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MORROW | 7,895 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SPERGEN | 8,205 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Full returns throughout the job.

Per your email Triple Combo LAS loaded

New directional survey attached along with new crosssectional. Along with new Directional data entered. Vendor did make an error.

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: 5/5/2014

Email: joycehenkin@nighthawkenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400577332 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400602485 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400602473 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400572496 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400587691 | TIF-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400587697 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400598896 | WELL LOCATION PLAT | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400599336 | PDF-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400599344 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400599913 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400599939 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400604424 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400604445 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | Missing Triple combo LAS log. Directional data submitted incorrect and deleted. Directional data needs to be uploaded again. Directional survey data showing cross-sectional view is vertical which contradicts the the actual data showing the bottom moving to the north as it should. The directional survey showing plan and cross-sectional view should look similar to the deviated drilling plan submitted with APD. Returned to draft for operator to fix. | 5/7/2014 6:00:49 AM |

Total: 1 comment(s)