

**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



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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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)