

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

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
9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 01/31/2014 End Date: 02/04/2014 Date of First Production this formation: 02/17/2014
Perforations Top: 8103 Bottom: 8124 No. Holes: 84 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole: []

Acidize with 50 bbls of 7 1/5% Acetic Acid. Total fluids used was 110 bbls

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 110 Max pressure during treatment (psi): 800
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): 50 Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 60 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: 02/17/2014 Hours: 24 Bbl oil: 95 Mcf Gas: 0 Bbl H2O: 203
Calculated 24 hour rate: Bbl oil: 95 Mcf Gas: 0 Bbl H2O: 203 GOR: 0
Test Method: pumping Casing PSI: 40 Tubing PSI: 55 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36
Tubing Size: 2 + 7/8 Tubing Setting Depth: 8136 Tbg setting date: 02/06/2014 Packer Depth:

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: 3/14/2014 Email: joycehenkin@nighthawkenegy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400549993	FORM 5A SUBMITTED
400565276	WELLBORE DIAGRAM
400565678	WIRELINE JOB SUMMARY
400565679	OTHER

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)