

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 05-073-06571-00 6. County: LINCOLN 7. Well Name: ARIKAREE CREEK SWD Well Number: 1 8. Location: QtrQtr: Lot 2 Section: 15 Township: 6S Range: 54W Meridian: 6 9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SIMPSON Status: SHUT IN Treatment Type: Treatment Date: 05/06/2014 End Date: 05/08/2014 Date of First Production this formation: Perforations Top: 8203 Bottom: 8310 No. Holes: 428 Hole size: 44/100 Provide a brief summary of the formation treatment: Open Hole: []

Pumped 234 Bio-Balls and 234 bbls of produced water.

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 234 Max pressure during treatment (psi): 3400 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): 0 Number of staged intervals: Recycled water used in treatment (bbl): 234 Flowback volume recovered (bbl): 41 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE 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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: 3 + 1/2 Tubing Setting Depth: 8140 Tbg setting date: 07/09/2014 Packer Depth:

Reason for Non-Production: Fomration will be used for injection. Waiting on UIC permit

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@nighthawkenegy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400651408	WIRELINE JOB SUMMARY
400651410	OPERATIONS SUMMARY
400651416	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)