

**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:  
400621818

Date Received:

**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 05-073-06569-00 6. County: LINCOLN  
 7. Well Name: KNOSS Well Number: 9-20  
 8. Location: QtrQtr: NESE Section: 20 Township: 12S Range: 56W Meridian: 6  
 Footage at surface: Distance: 1851 feet Direction: FSL Distance: 694 feet Direction: FEL  
 As Drilled Latitude: 38.987330 As Drilled Longitude: -103.685610

GPS Data:  
 Date of Measurement: 07/11/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Elijah Frane

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 06/03/2014 13. Date TD: 06/20/2014 14. Date Casing Set or D&A: \_\_\_\_\_

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8633 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

18. Elevations GR 5406 KB 5421 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	24	0	354	175	0	367	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	
DAKOTA	4,122		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,740		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,124		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,338		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Production casing was not set in the hole. Therefore no CBL performed.

Will submit Form 6 to P&A well.

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@nighthawkenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400632667	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400632661	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632663	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400651627	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653889	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)