

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:
400614831

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 05-073-06568-00 6. County: LINCOLN
 7. Well Name: JOHN CRAIG Well Number: 4-2
 8. Location: QtrQtr: SWNW Section: 2 Township: 10S Range: 56W Meridian: 6
 Footage at surface: Distance: 1303 feet Direction: FNL Distance: 1124 feet Direction: FWL
 As Drilled Latitude: 39.211560 As Drilled Longitude: -103.636180

GPS Data:
 Date of Measurement: 07/11/2014 PDOP Reading: 2.5 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: OLD HOMESTEAD 10. Field Number: 60634

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/20/2014 13. Date TD: 06/06/2014 14. Date Casing Set or D&A: 06/07/2014

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

16. Total Depth MD 8432 TVD** _____ 17 Plug Back Total Depth MD 8339 TVD** _____

18. Elevations GR 5294 KB 5303 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	352	175	0	353	VISU
1ST	7+7/8	5+1/2	17	0	8,426	1,213	0	8,432	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	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,018		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,803		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,200		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,397		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,591		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,921		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,154		<input type="checkbox"/>	<input type="checkbox"/>	
GRANITE	8,492		<input type="checkbox"/>	<input type="checkbox"/>	

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@nighthawkenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400654168	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"/>
Other Attachments			
400631413	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631425	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631451	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631454	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400654294	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)