

FORM
5Rev
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:

Data 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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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

User Group

Comment

Comment Date

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Total: 0 comment(s)