

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.

Document Number:
400541132

Date Received:
03/14/2014

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 05-073-06560-00 6. County: LINCOLN
 7. Well Name: BIG SKY Well Number: 13-11
 8. Location: QtrQtr: SWSW Section: 11 Township: 6S Range: 54W Meridian: 6
 Footage at surface: Distance: 774 feet Direction: FSL Distance: 657 feet Direction: FWL
 As Drilled Latitude: 39.537930 As Drilled Longitude: -103.414470

GPS Data:
Date of Measurement: 02/26/2014 PDOP Reading: 2.6 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: ARIKAREE CREEK 10. Field Number: 2914
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/17/2013 13. Date TD: 01/22/2014 14. Date Casing Set or D&A: 01/25/2014

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

16. Total Depth MD 8290 TVD** _____ 17 Plug Back Total Depth MD 8154 TVD** _____

18. Elevations GR 5220 KB 5234 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:

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	338	130	0	338	VISU
1ST	7+7/8	5+1/2	17	0	8,271	1,252	442	8,271	CBL

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	
NIOBRARA	3,651		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,599		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	5,979		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,190		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,894		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,412		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,619		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,853		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,063		<input type="checkbox"/>	<input type="checkbox"/>	
GRANITE	8,288		<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: 3/14/2014 Email: joycehenkin@nighthawkenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400556694	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			
400541132	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541140	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556721	TIF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556724	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400563411	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400571724	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400571733	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Attached logs were mislabeled as CBLs but were Tif & .las of triple combo. e-mailed operator for CBL. Operator sent PDF version of CBL 8/6/2014 & will submit .las version via sundry when it is located.	3/5/2014 3:41:41 PM
Permit	Operator is consistently not noting in the form five the logs run on its wells. Its required per Rule 308A.	5/7/2014 8:28:55 AM

Total: 2 comment(s)