

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400649794

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

OGCC Operator Number: 10399

Contact Name: Joyce Henkin

Name of Operator: NIGHTHAWK PRODUCTION LLC

Phone: (303) 407-9609

Address: 1805 SHEA CENTER DR #290

Fax: (303) 407-8790

City: HIGHLANDS State: CO Zip: 80129

API Number 05-073-06610-00

County: LINCOLN

Well Name: BLACKCOMB

Well Number: 12-14

Location: QtrQtr: NWSW Section: 14 Township: 6S Range: 54W Meridian: 6

Footage at surface: Distance: 2247 feet Direction: FSL Distance: 641 feet Direction: FWL

As Drilled Latitude: 39.527400 As Drilled Longitude: -103.414280

GPS Data:

Date of Measurement: 09/19/2014 PDOP Reading: 1.9 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:

Field Name: ARIKAREE CREEK

Field Number: 2914

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/13/2014 Date TD: 08/05/2014 Date Casing Set or D&A: 08/14/2014

Rig Release Date: *for Multi-Well Location ONLY

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 8445 TVD** Plug Back Total Depth MD 8351 TVD**

Elevations GR 5195 KB 5210 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Triple Combo

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	351	175	0	351	VISU
1ST	7+7/8	5+1/2	17	0	8,443	1,218	0	8,443	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:					

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,745				
WOLFCAMP	6,128				
LANSING-KANSAS CITY	6,858				
MARMATON	7,201				
CHEROKEE	7,403				
ATOKA	7,559				
MORROW	7,817				
SPERGEN	8,045				

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@nighthawkenenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400673169	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>					
400666110	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666158	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400697318	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400697320	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400697321	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)