

FORM 5A

Rev 06/12

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: 400672768

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 Email: joycehenkin@nighthawkenergy.com

5. API Number 05-073-06601-00 6. County: LINCOLN  
 7. Well Name: BLACKCOMB Well Number: 5-14  
 8. Location: QtrQtr: SWNW Section: 14 Township: 6S Range: 54W Meridian: 6  
 9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: 09/22/2014 End Date: 09/22/2014 Date of First Production this formation: 10/05/2014

Perforations Top: 8068 Bottom: 8087 No. Holes: 76 Hole size: 52/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perforated only

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
 Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
 Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/05/2014 Hours: 24 Bbl oil: 383 Mcf Gas: 0 Bbl H2O: 0  
 Calculated 24 hour rate: Bbl oil: 383 Mcf Gas: 0 Bbl H2O: 0 GOR: 0  
 Test Method: Pumping Casing PSI: 45 Tubing PSI: 45 Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 36  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8085 Tbg setting date: 09/23/2014 Packer Depth: 8036

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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@nighthawkenegy.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400702073	WELLBORE DIAGRAM
400702075	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)