

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: NIGHTHAWK PRODUCTION LLC
3. Address: 1805 SHEA CENTER DR #290
City: HIGHLANDS State: CO Zip: 80129
4. Contact Name: Joyce Henkin
Phone: (303) 407-9609
Fax: (303) 407-8790
Email: joycehenkin@nighthawkenergy.com

5. API Number 05-073-06610-00
6. County: LINCOLN
7. Well Name: BLACKCOMB
Well Number: 12-14
8. Location: QtrQtr: NWSW 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: 08/20/2014 End Date: 08/20/2014 Date of First Production this formation: 08/31/2014
Perforations Top: 8080 Bottom: 8090 No. Holes: 40 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: [ ]

Perforated only

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/01/2014 Hours: 24 Bbl oil: 167 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 167 Mcf Gas: 0 Bbl H2O: 0 GOR:
Test Method: Pumping Casing PSI: 38 Tubing PSI: 55 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36
Tubing Size: 2 + 7/8 Tubing Setting Depth: 8179 Tbg setting date: 08/22/2014 Packer Depth:

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: 10/6/2014 Email: Joyce Henkin  
:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400649796	FORM 5A SUBMITTED
400699317	WELLBORE DIAGRAM
400702053	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)