

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:

400649796

Date Received:

10/06/2014

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 ☒ 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: 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

Att Doc Num Name

400649796	FORM 5A SUBMITTED
400699317	WELLBORE DIAGRAM
400702053	WIRELINER JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)