

FORM  
5

Rev  
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



Document Number:

400621818

Date Received:

07/31/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-073-06569-00 County: LINCOLN  
Well Name: KNOSS Well Number: 9-20  
Location: QtrQtr: NESE Section: 20 Township: 12S Range: 56W Meridian: 6  
Footage at surface: Distance: 1851 feet Direction: FSL Distance: 694 feet Direction: FEL  
As Drilled Latitude: 38.987330 As Drilled Longitude: -103.685610

GPS Data:  
Date of Measurement: 07/11/2014 PDOP Reading: 2.9 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: WILDCAT Field Number: 99999  
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/03/2014 Date TD: 06/20/2014 Date Casing Set or D&A:  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 8633 TVD\*\* Plug Back Total Depth MD TVD\*\*  
Elevations GR 5406 KB 5421 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
Triple Combo

CASING, LINER AND CEMENT

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	354	175	0	354	VISU
OPEN HOLE	7+7/8			354	8,633				CALC

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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,110				
DAKOTA	4,122			NO	
STONE CORRAL	5,538				
WOLFCAMP	5,826				
LANSING-KANSAS CITY	6,740			NO	
MARMATON	7,124			NO	
CHEROKEE	7,338			NO	
ATOKA	7,569				
MORROW	8,006				
SPERGEN	8,378				
WARSAW	8,438				
ARBUCKLE	8,508				

Operator Comments

Production casing was not set in the hole. Therefore no CBL performed. Will submit Form 6 to P&A well.

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: 7/31/2014 Email: joycehenkin@nighthawkenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400632667	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>			
400621818	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632661	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632663	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400651627	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653889	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)