

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:

400912610

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 05-073-06699-00

County: LINCOLN

Well Name: MONARCH

Well Number: 10-15

Location: QtrQtr: NWSE Section: 15 Township: 8S Range: 55W Meridian: 6

Footage at surface: Distance: 1804 feet Direction: FSL Distance: 2410 feet Direction: FEL

As Drilled Latitude: 39.350320 As Drilled Longitude: -103.536920

GPS Data:

Date of Measurement: 10/31/2015 PDOP Reading: 2.8 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) 09/19/2015 Date TD: 09/30/2015 Date Casing Set or D&A: 10/07/2015

Rig Release Date: 10/07/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8640 TVD** Plug Back Total Depth MD 8508 TVD**

Elevations GR 5561 KB 15 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	470	167	0	471	VISU
1ST	7+7/8	5+1/2	17	0	8,611	1,200	4,097	8,640	CBL

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	3,651				
DAKOTA	4,729				
WOLFCAMP	6,273				
LANSING-KANSAS CITY	7,164				
MARMATON	7,328				
CHEROKEE	7,608				
ATOKA	7,825				
MORROW	8,024				
ST LOUIS	8,130				
SPERGEN	8,233				
SIMPSON	8,314				

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@nighthawkenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400922372	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>			
400924565	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929707	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929708	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929710	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929711	WELL LOCATION PLAT	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)