

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:

400445533

Date Received:

07/11/2013

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: Mindy Obando
Phone: (303) 407-9605
Fax: (303) 407-8790

5. API Number 05-073-06478-00
6. County: LINCOLN
7. Well Name: Pikes Peak Williams
Well Number: 4-30
8. Location: QtrQtr: NWNW Section: 30 Township: 13S Range: 55W Meridian: 6
9. Field Name: BOLERO Field Code: 7153

Completed Interval

FORMATION: <u>CHEROKEE</u>		Status: <u>ABANDONED WELLBORE/COMPLETION</u>		Treatment Type: <u>ACID JOB</u>	
Treatment Date: <u>10/10/2012</u>		End Date: <u>04/03/2013</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6690</u>	Bottom: <u>6798</u>	No. Holes: <u>108</u>	Hole size: <u>21/50</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Acidize 6794-6798' w/400 gal 15% MCA on 10/10/12 Acidize 6723-6739' w/1600 gal 15% MCA on 10/11/12 Acidize 6723-6739' w/1000 gal 15% MCA on 10/15/12 Acidize 6690-6697' w/700 gal 15% MCA on 10/17/12 Acidize 6690-6697' w/4200 gal 15% HCL on 4/3/13					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>425</u>		Max pressure during treatment (psi): <u>2000</u>			
Total gas used in treatment (mcf): <u>0</u>		Fluid density at initial fracture (lbs/gal): <u>0.00</u>			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): <u>0.00</u>			
Total acid used in treatment (bbl): <u>189</u>		Number of staged intervals: <u>0</u>			
Recycled water used in treatment (bbl): <u>236</u>		Flowback volume recovered (bbl): <u>308</u>			
Fresh water used in treatment (bbl): <u>0</u>		Disposition method for flowback: <u>RECYCLE</u>			
Total proppant used (lbs): <u>0</u>		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
		Reason why green completion not utilized: <u>PIPELINE</u>			
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: <u>04/03/2013</u>	Hours: <u>8</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>119</u>	
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>181</u>	GOR: _____	
Test Method: <u>Pumping</u>	Casing PSI: <u>900</u>	Tubing PSI: <u>900</u>	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6677</u>	Tbg setting date: <u>04/02/2013</u>	Packer Depth: <u>6620</u>		
Reason for Non-Production: All water production, no oil.					
Date formation Abandoned: <u>06/17/2013</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: <u>6680</u>	** Sacks cement on top: <u>2</u>	** Wireline and Cement Job Summary must be attached.			

FORMATION: MARMATON Status: SHUT IN Treatment Type: ACID JOB
 Treatment Date: 06/17/2013 End Date: 06/19/2013 Date of First Production this formation: _____
 Perforations Top: 6626 Bottom: 6632 No. Holes: 24 Hole size: 21/50
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Acidize 6626-6632' w/600 gal 15% HCL on 6/18/13
 Acidize 6626-6632' w/600 gal 15% emulsified acid and flushed w/84 bbls KCL on 6/19/13

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 148 Max pressure during treatment (psi): 400
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.00
 Total acid used in treatment (bbl): 128 Number of staged intervals: 0
 Recycled water used in treatment (bbl): 20 Flowback volume recovered (bbl): 140
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/20/2013 Hours: 10 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 152
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 250 GOR: _____
 Test Method: Pumping Casing PSI: 400 Tubing PSI: 400 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6579 Tbg setting date: 06/17/2013 Packer Depth: 6579

Reason for Non-Production: Well only making water, no oil.

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Mindy Obando
 Title: Accounting Manager Date: 7/11/2013 Email: mindyjoobando@nighthawkenenergy.com

Attachment Check List

Att Doc Num	Name
400445533	FORM 5A SUBMITTED
400446114	WIRELINE JOB SUMMARY
400446159	WIRELINE JOB SUMMARY
400446160	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)