

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:

400465008

Date Received:

08/12/2013

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 05-073-06477-00

6. County: LINCOLN

7. Well Name: JOHN CRAIG  
 Well Number: 6-2

8. Location: QtrQtr: SENW Section: 2 Township: 10S Range: 56W Meridian: 6

9. Field Name: OLD HOMESTEAD Field Code: 60634

### Completed Interval

FORMATION: MARMATON Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 07/11/2013 End Date: 07/18/2013 Date of First Production this formation: 03/22/2013  
Perforations Top: 7276 Bottom: 7306 No. Holes: 48 Hole size: 52/100  
Provide a brief summary of the formation treatment: Open Hole:

Perf 7302-06' Acidize with 400 gals 15% HCL on 7/12/13  
Perf 7290-94' Acidize with 400 gals 15% HCL on 7/16/13  
Perf 7276-80 Acidize with 400 gals 15% HCL on 7/17/13  
SET CIBP @7270' Acidize with 1,600 gals 15% HCL on 7/18/13

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 304 Max pressure during treatment (psi): 900  
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): 90 Number of staged intervals: \_\_\_\_\_  
Recycled water used in treatment (bbl): 214 Flowback volume recovered (bbl): 333  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: RECYCLE  
Total proppant used (lbs): \_\_\_\_\_ 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: 07/19/2013 Hours: 9 Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 147  
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 147 GOR: 0  
Test Method: Pumping Casing PSI: 0 Tubing PSI: 0 Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 37  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7265 Tbg setting date: 07/22/2013 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: 07/18/2013 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 7270 \*\* 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: 8/12/2013 Email: mindyjobando@nighthawkenegy.com  
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### Attachment Check List

Att Doc Num	Name
400465008	FORM 5A SUBMITTED
400466634	WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

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

Total: 0 comment(s)