

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:

400468728

Date Received:

08/16/2013

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 05-073-06358-00
6. County: LINCOLN
7. Well Name: SNOWBIRD
Well Number: 9-15
8. Location: QtrQtr: NESE Section: 15 Township: 6S Range: 54W Meridian: 6
9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/27/2013
Perforations Top: 8046 Bottom: 8222 No. Holes: 400 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

No treatment was done on this formation.

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: 07/27/2013 Hours: 24 Bbl oil: 159 Mcf Gas: 27 Bbl H2O: 153
Calculated 24 hour rate: Bbl oil: 159 Mcf Gas: 27 Bbl H2O: 153 GOR: 176
Test Method: Pumping Casing PSI: Tubing PSI: 75 Choke Size:
Gas Disposition: VENTED Gas Type: WET Btu Gas: 565 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7962 Tbg setting date: 07/15/2013 Packer Depth: 7748

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:

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: 8/16/2013

Email: mindyjoobando@nighthawkenenergy.com

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400468728	FORM 5A SUBMITTED
400468734	WELLBORE DIAGRAM
400468930	WIRELINE JOB SUMMARY
400468932	WIRELINE JOB SUMMARY
400468934	WIRELINE JOB SUMMARY
400468937	WIRELINE JOB SUMMARY

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)