

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:

400485223

Date Received:

09/24/2013

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 05-073-06413-00
6. County: LINCOLN
7. Well Name: JOHN CRAIG
Well Number: 7-2
8. Location: QtrQtr: SWNE Section: 2 Township: 10S Range: 56W Meridian: 6
9. Field Name: OLD HOMESTEAD Field Code: 60634

Completed Interval

FORMATION: CEDAR HILLS Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 08/30/2013 End Date: 08/30/2013 Date of First Production this formation:
Perforations Top: 5540 Bottom: 5668 No. Holes: 448 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidize with 10,000 gal 15% HCL and flushed with 100 bbls of produced water

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

Total fluid used in treatment (bbl): 417

Max pressure during treatment (psi): 1350

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): 317

Number of staged intervals:

Recycled water used in treatment (bbl): 100

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: 5515

Reason for Non-Production: All 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:

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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: 9/24/2013 Email: mindyjoobando@nighthawkenenergy.com
:

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|-------------------|
| 400485223 | FORM 5A SUBMITTED |
| 400485232 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)