

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 4. Contact Name: Mindy Obando
2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (303) 407-9605
3. Address: 1805 SHEA CENTER DR #290 City: HIGHLANDS State: CO Zip: 80129 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 [X] 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@nighthawkenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400485223	FORM 5A SUBMITTED
400485232	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)