

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:

400484298

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: Harold Mayland
Phone: (303) 407-9604
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: LANSING-KANSAS CITY Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
Treatment Date: 09/27/2012 End Date: 10/05/2012 Date of First Production this formation:
Perforations Top: 6838 Bottom: 6882 No. Holes: 72 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidize with 700 gals 15% HCL on 9/27/12
Acidize with 1100 gals 15% HCL on 10/5/12
Also set bridge plug at 6860' (9/27/2012)

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

Total fluid used in treatment (bbl): 175

Max pressure during treatment (psi): 500

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): 85

Number of staged intervals:

Recycled water used in treatment (bbl): 90

Flowback volume recovered (bbl): 170

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: 09/27/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 170
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 170 GOR:
Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6817 Tbg setting date: 10/01/2012 Packer Depth:

Reason for Non-Production: All water, no oil

Date formation Abandoned: 10/05/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 6810 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>MARMATON</u>		Status: <u>TEMPORARILY ABANDONED</u>		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>7080</u>	Bottom: <u>7160</u>	No. Holes: <u>120</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
No treatment was completed on this formation. Also set bridge plug at 7135 (6/6/2012)					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: <u>06/06/2012</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>25</u>	
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>25</u>	GOR: _____	
Test Method: <u>Pumping</u>	Casing PSI: _____	Tubing PSI: _____	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>7110</u>	Tbg setting date: <u>06/07/2012</u>	Packer Depth: <u>7024</u>		
Reason for Non-Production: All water, no oil.					
Date formation Abandoned: <u>09/26/2012</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, number of sacks cmt _____	
** Bridge Plug Depth: <u>7000</u>		** Sacks cement on top: <u>2</u>		** Wireline and Cement Job Summary must be attached.	

FORMATION: WOLFCAMP Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 10/08/2012 End Date: 10/08/2012 Date of First Production this formation: _____
Perforations Top: 6046 Bottom: 6132 No. Holes: 121 Hole size: 44/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Acidize with 400 gals 15% HCL

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

Total fluid used in treatment (bbl): 46

Max pressure during treatment (psi): 1300

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): 13

Number of staged intervals: _____

Recycled water used in treatment (bbl): 33

Flowback volume recovered (bbl): 98

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: 10/08/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 98

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 98 GOR: _____

Test Method: Pumping Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6100 Tbg setting date: 11/06/2012 Packer Depth: _____

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:

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

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Attachment Check List

Att Doc Num**Name**

400484298	FORM 5A SUBMITTED
400484348	WELLBORE DIAGRAM
400484446	WIRELINER JOB SUMMARY
400484448	WIRELINER JOB SUMMARY
400484449	WIRELINER JOB SUMMARY
400484450	WIRELINER JOB SUMMARY
400484452	WIRELINER JOB SUMMARY
400484453	WIRELINER JOB SUMMARY
400484813	WIRELINER JOB SUMMARY
400484814	WIRELINER JOB SUMMARY

Total Attach: 10 Files

General Comments

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

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Total: 0 comment(s)