

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:

400486364

Date Received:

09/26/2013

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 05-073-06523-01  
6. County: LINCOLN  
7. Well Name: BIG SKY  
Well Number: 4-11  
8. Location: QtrQtr: NWNW Section: 11 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: 05/26/2013  
Perforations Top: 8020 Bottom: 8038 No. Holes: 72 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

No treatment completed 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: 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:

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:

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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: 9/26/2013 Email: mindyjoobando@nighthawkenenergy.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400486364	FORM 5A SUBMITTED
400486369	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

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Total: 0 comment(s)