

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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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: Joyce Henkin
 2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (720) 364-6456
 3. Address: 1805 SHEA CENTER DR #290 Fax: (303) 407-8790
 City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-073-06528-00 6. County: LINCOLN
 7. Well Name: SILVERTON Well Number: 16-10
 8. Location: QtrQtr: SESE Section: 10 Township: 6S Range: 54W Meridian: 6
 9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 10/28/2013 End Date: 10/28/2013 Date of First Production this formation: 07/10/2013

Perforations Top: 8096 Bottom: 8120 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:

3,000 gallons of 7.5% acetic acid with surfactant, Iron sequestering agent, acid inhibitor & scale inhibitor - No perfs added

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 204 Max pressure during treatment (psi): 2260

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 71 Number of staged intervals: _____

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 26

Fresh water used in treatment (bbl): 132 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0 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: Joyce Henkin

Title: Production Tech Date: 11/13/2013 Email: joycehenkin@nighthawkenegy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400508147	FORM 5A SUBMITTED
400508248	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)