

FORM
5ARev
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



DE	ET	OE	ES
----	----	----	----

Document Number:

400530231

Date Received:

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: Joyce Henkin
 Phone: (303) 407-9609
 Fax: (303) 407-8790
 Email: joycehenkin@nighthawkenergy.com

5. API Number 05-073-06549-00
 6. County: LINCOLN
 7. Well Name: JOHN CRAIG
 Well Number: 1-2
 8. Location: QtrQtr: NENE Section: 2 Township: 10S Range: 56W Meridian: 6
 9. Field Name: HOMESTEAD Field Code: 36800

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 12/17/2013

Perforations Top: 7816 Bottom: 7840 No. Holes: 64 Hole size: 46/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

No stimulation treatment has been done to this well.

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: 12/17/2013 Hours: 24 Bbl oil: 87 Mcf Gas: 22 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 87 Mcf Gas: 22 Bbl H2O: 0 GOR: 253

Test Method: Metered Casing PSI: 295 Tubing PSI: 35 Choke Size: 12/64

Gas Disposition: FLARED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 32

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7935 Tbg setting date: 11/26/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 8050 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SPERGEN Status: DRY AND ABANDONED Treatment Type: _____
Treatment Date: 11/20/2013 End Date: 11/21/2013 Date of First Production this formation: _____
Perforations Top: 8086 Bottom: 8090 No. Holes: 16 Hole size: 43/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No stimulation treatment was done - Perforated 8086' - 8090'

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: 7796

Reason for Non-Production: CIBP set AT 8050' with 2 sk of cement Swabbed well no fluid

Date formation Abandoned: 12/21/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8050 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

No stimulation was done on this well.

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: _____ Email joycehenkin@nighthawkenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400530267	WIRELINE JOB SUMMARY
400535903	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)