

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 4 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
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 [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were 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 stimultion 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: 1/7/2014 Email joycehenkin@nighthawkenergy.com

Attachment Check List

Att Doc Num	Name
400530231	FORM 5A SUBMITTED
400530267	WIRELINE JOB SUMMARY
400535903	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)