



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

Document Number:
400548627

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10399 4. Contact Name: Joyce Henkin
 2. Name of Operator: NIGHTHAWK PRODUCTION LLC Phone: (303) 407-9609
 3. Address: 1805 SHEA CENTER DR #290 Fax: (303) 407-8790
 City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-073-06552-00 6. County: LINCOLN
 7. Well Name: BIG SKY Well Number: 5-11
 8. Location: QtrQtr: SWNW Section: 11 Township: 6S Range: 54W Meridian: 6
 Footage at surface: Distance: 1921 feet Direction: FNL Distance: 620 feet Direction: FWL
 As Drilled Latitude: 39.545190 As Drilled Longitude: -103.414600

GPS Data:
 Date of Measurement: 02/26/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Elijah Frane

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: ARIKAREE CREEK 10. Field Number: 2914
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/14/2014 13. Date TD: 02/14/2014 14. Date Casing Set or D&A: 02/26/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8284 TVD** _____ 17 Plug Back Total Depth MD 8237 TVD** _____

18. Elevations GR 5216 KB 5231 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	336	122	0	336	VISU
1ST	7+5/8	5+1/2	17	0	8,234	1,109	3,500	8,282	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,680		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,614		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	5,996		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,200		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,912		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,244		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,446		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,637		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,880		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,063		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400549954	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400549952	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556651	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556653	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570742	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570763	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)