

FORM 5 Rev 02/08

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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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 [X] 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 05-073-06571-00 6. County: LINCOLN
7. Well Name: ARIKAREE CREEK SWD Well Number: 1
8. Location: QtrQtr: Lot 2 Section: 15 Township: 6S Range: 54W Meridian: 6
Footage at surface: Distance: 683 feet Direction: FNL Distance: 608 feet Direction: FEL
As Drilled Latitude: 39.533890 As Drilled Longitude: -103.418900

GPS Data:
Date of Measurement: 04/24/2014 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) 03/25/2014 13. Date TD: 04/10/2014 14. Date Casing Set or D&A: 04/13/2014

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

16. Total Depth MD 8445 TVD** 17 Plug Back Total Depth MD 8324 TVD**

18. Elevations GR 5225 KB 5240
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:
Triple Combo
Other logs attached - All LAS logs available Did not label cannot open to view

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	
MARMATON	7,246	7,352	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,421	7,630	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,630	7,848	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,848	7,935	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,074	8,175	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Full returns on both cement jobs.

Do not have PDF of CBL log Only LAS file

Also only TIFF file available for the Triple Combo. Attaching all the LAS log files. Unable to label for I cannot open files.

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			
400590280	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			
400598911	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400598913	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400598915	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400602688	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400610089	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400610093	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400610095	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400610097	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)