

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400549991 Date Received: 03/14/2014

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 05-073-06552-00 6. County: LINCOLN 7. Well Name: BIG SKY Well Number: 5-11 8. Location: QtrQtr: SWNW Section: 11 Township: 6S Range: 54W Meridian: 6 9. Field Name: ARIKAREE CREEK Field Code: 2914

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: Treatment Date: 02/21/2014 End Date: 02/21/2014 Date of First Production this formation: 03/02/2014 Perforations Top: 8096 Bottom: 8124 No. Holes: 112 Hole size: 52/100

Provide a brief summary of the formation treatment: Open Hole: Perf'd Spergen formation only -* No treatment was done

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: 03/02/2014 Hours: 24 Bbl oil: 221 Mcf Gas: 0 Bbl H2O: 258 Calculated 24 hour rate: Bbl oil: 221 Mcf Gas: 0 Bbl H2O: 258 GOR: 0 Test Method: Pumping Casing PSI: 45 Tubing PSI: 55 Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8200 Tbg setting date: 02/26/2014 Packer Depth: 8048

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:

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: 3/14/2014 Email: joycehenkin@nighthawkenegy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400549991	FORM 5A SUBMITTED
400565297	WELLBORE DIAGRAM
400565681	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)