

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



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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 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 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:

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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@nighthawkenenergy.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400549991	FORM 5A SUBMITTED
400565297	WELLBORE DIAGRAM
400565681	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### **General Comments**

**User Group**      **Comment**

**Comment Date**

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Total: 0 comment(s)