

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400672766

Date Received:

10/06/2014

## 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

OGCC Operator Number: 10399

Contact Name: Joyce Henkin

Name of Operator: NIGHTHAWK PRODUCTION LLC

Phone: (303) 407-9609

Address: 1805 SHEA CENTER DR #290

Fax: (303) 407-8790

City: HIGHLANDS State: CO Zip: 80129

API Number 05-073-06601-00

County: LINCOLN

Well Name: BLACKCOMB

Well Number: 5-14

Location: QtrQtr: SWNW Section: 14 Township: 6S Range: 54W Meridian: 6

Footage at surface: Distance: 1995 feet Direction: FNL Distance: 1097 feet Direction: FWL

As Drilled Latitude: 39.530340 As Drilled Longitude: -103.412750

## GPS Data:

Date of Measurement: 09/24/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Elijah Frane

\*\* If directional footage at Top of Prod. Zone Dist.: 2153 feet. Direction: FNL Dist.: 890 feet. Direction: FWL

Sec: 14 Twp: 6S Rng: 54W

\*\* If directional footage at Bottom Hole Dist.: 2153 feet. Direction: FNL Dist.: 890 feet. Direction: FWL

Sec: 14 Twp: 6S Rng: 54W

Field Name: ARIKAREE CREEK

Field Number: 2914

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/21/2014 Date TD: 09/10/2014 Date Casing Set or D&amp;A: 09/13/2014

Rig Release Date: 09/14/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 8365 TVD\*\* 8354 Plug Back Total Depth MD TVD\*\* 8354

Elevations GR 5181 KB 5196

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Triple Combo

## CASING, LINER AND CEMENT

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	352	175	0	358	VISU
1ST	7+7/8	5+1/2	17	0	8,359	1,164	600	8,365	VISU

## 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:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WOLFCAMP	6,168				
LANSING-KANSAS CITY	6,856				
MARMATON	7,187				
CHEROKEE	7,381				
ATOKA	7,558				
SPERGEN	8,024				

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: 10/6/2014 Email: joycehenkin@nighthawkenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400711565	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400711517	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input 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"/>
<u>Other Attachments</u>		
400672766	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400703819	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400703823	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400703828	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400703831	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711516	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711522	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711546	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711562	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Missing all directional data.	10/8/2014 11:14:06 AM

Total: 1 comment(s)