

FORM
5
Rev
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



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Document Number:
400711462

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

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 05-073-06602-00 County: LINCOLN
 Well Name: BLACKCOMB Well Number: 3-14
 Location: QtrQtr: NENW Section: 14 Township: 6S Range: 54W Meridian: 6
 Footage at surface: Distance: 644 feet Direction: FNL Distance: 2120 feet Direction: FWL
 As Drilled Latitude: 39.534090 As Drilled Longitude: -103.409230

GPS Data:
 Date of Measurement: 11/11/2014 PDOP Reading: 2.5 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: _____

Field Name: ARIKAREE CREEK Field Number: 2914
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/08/2014 Date TD: 10/23/2014 Date Casing Set or D&A: 10/27/2014
 Rig Release Date: 10/28/2014 Per Rule 308A.b.

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

Total Depth MD 8271 TVD** _____ Plug Back Total Depth MD _____ TVD** _____

Elevations GR 5219 KB 5234 **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	353	175	0	358	VISU
1ST	7+7/8	5+1/2	17	0	8,271	1,200	600	8,271	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	6,196				
LANSING-KANSAS CITY	6,887				
MARMATON	7,195				
CHEROKEE	7,397				
ATOKA	7,569				
SPERGEN	8,062				

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			
400711502	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			
400711495	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724462	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724463	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400735129	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400735132	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400735134	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>

Total: 0 comment(s)