

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:
400758105

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 05-073-06683-00 County: LINCOLN
 Well Name: KEYSTONE Well Number: 3-7
 Location: QtrQtr: NWNE Section: 7 Township: 7S Range: 54W Meridian: 6
 Footage at surface: Distance: 679 feet Direction: FNL Distance: 2560 feet Direction: FEL
 As Drilled Latitude: 39.460030 As Drilled Longitude: -103.482520

GPS Data:
 Date of Measurement: 01/19/2015 PDOP Reading: 2.8 GPS Instrument Operator's Name: Elijah Frane

** If directional footage at Top of Prod. Zone Dist.: 654 feet. Direction: FNL Dist.: 2566 feet. Direction: FEL
 Sec: 7 Twp: 7S Rng: 54W
 ** If directional footage at Bottom Hole Dist.: 658 feet. Direction: FNL Dist.: 2568 feet. Direction: FEL
 Sec: 7 Twp: 7S Rng: 54W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/04/2014 Date TD: 12/21/2014 Date Casing Set or D&A: 12/25/2014
 Rig Release Date: 12/25/2014 Per Rule 308A.b.

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

Total Depth MD 8487 TVD** 8485 Plug Back Total Depth MD 8487 TVD** 8485

Elevations GR 5326 KB 5341 **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+1/2	8+5/8	24	0	438	210	0	441	VISU
1ST	7+7/8	5+1/2	17	0	8,487	1,096	0	8,487	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	
CHEROKEE	7,539			NO	
ATOKA	7,744			NO	
MORROW	8,020			NO	
SPERGEN	8,225			NO	
SIMPSON	8,322			NO	

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			
400766403	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400790588	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"/>
Other Attachments			
400766406	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766408	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766412	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766414	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796328	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796329	DIRECTIONAL DATA	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)