

**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:  
400758109

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 05-073-06637-00 County: LINCOLN  
 Well Name: SNOW KING Well Number: 9-32  
 Location: QtrQtr: NESE Section: 32 Township: 6S Range: 54W Meridian: 6  
 Footage at surface: Distance: 2540 feet Direction: FSL Distance: 660 feet Direction: FEL  
 As Drilled Latitude: 39.483560 As Drilled Longitude: -103.456080

GPS Data:  
 Date of Measurement: 01/19/2015 PDOP Reading: 2.7 GPS Instrument Operator's Name: Elijah Frane

\*\* If directional footage at Top of Prod. Zone Dist.: 2492 feet. Direction: FSL Dist.: 661 feet. Direction: FEL  
 Sec: 32 Twp: 6S Rng: 54W  
 \*\* If directional footage at Bottom Hole Dist.: 2492 feet. Direction: FSL Dist.: 661 feet. Direction: FEL  
 Sec: 32 Twp: 6S Rng: 54W

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

Spud Date: (when the 1st bit hit the dirt) 12/16/2014 Date TD: 01/08/2015 Date Casing Set or D&A: 01/10/2015  
 Rig Release Date: 01/10/2015 Per Rule 308A.b.

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

Total Depth MD 8510 TVD\*\* 8510 Plug Back Total Depth MD 8510 TVD\*\* 8510

Elevations GR 5323 KB 5325 **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	378	175	0	381	VISU
1ST	7+7/8	5+1/2	17	0	8,466	1,191	1,376	8,481	CBL

**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	6,376				
LANSING-KANSAS CITY	7,053				
MARMATON	7,314				
CHEROKEE	7,538				
ATOKA	7,753				
MISSISSIPPIAN-SPERGEN	8,274				

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 ?	
<b>Attachment Checklist</b>			
400766466	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"/>
<b>Other Attachments</b>			
400778163	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778167	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778177	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778180	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778283	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778306	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400793722	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)