**FORM** 5A

Rev 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

## **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.

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Document Number:				
400758106				
Da	ite Red	ceived:	:	

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 05-073-06683-00	6. County: LINCOLN					
7. Well Name: KEYSTONE	Well Number: 3-7					
8. Location: QtrQtr: NWNE Section: 7	Township: 7S Range: 54W Meridian: 6					
9. Field Name: WILDCAT	Field Code:99999					
Completed Interval						
FORMATION: SIMPSON Status: TEMPORARILY ABANDONED Treatment Type:						
Treatment Date: 01/05/2015 End Date: 01	01/06/2015 Date of First Production this formation:					
Perforations Top: 8358 Bottom: 83	64 No. Holes: 36 Hole size: 51/100					
Provide a brief summary of the formation treatment:	Open Hole:					
Perforated well only						
This formation is commingled with another formation:	Yes X 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: Hours: Bbl o	l: Mcf Gas: Bbl H2O:					
Calculated 24 hour rate: Bbl oil: Mcf Ga	s: Bbl H2O: GOR:					
Test Method: Casing PS	I: Choke Size:					
Gas Disposition: Gas Type	e: Btu Gas: API Gravity Oil:					
Tubing Size: Tubing Setting Depth:	Tbg setting date: Packer Depth:					
Reason for Non-Production: All water CIBP set but no cement 1-7-15						
Date formation Abandoned: Squeeze:						
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.						

FORMATION: SPERGEN Status: PRODUCING Treatment Type:							
Treatment Date: 01/05/2015 End Date: 01/06/2015 Date of First Production this formation: 01/18/2	 2015						
Perforations Top: 8254 Bottom: 8298 No. Holes: 228 Hole size: 48/100							
Provide a brief summary of the formation treatment:  Open Hole:							
Perforated only							
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):	Fluid density at initial fracture (lbs/gal):						
Type of gas used in treatment:  Min frac gradient (psi/ft):	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:         01/18/2015         Hours:         24         Bbl oil:         142         Mcf Gas:         0         Bbl H2O:         321	_						
Calculated 24 hour rate:         Bbl oil:         142         Mcf Gas:         0         Bbl H2O:         321         GOR:         0							
Test Method: Swabbing Casing PSI: 30 Tubing PSI: 40 Choke Size:							
Gas Disposition: FLARED Gas Type: DRY Btu Gas: 848 API Gravity Oil: 36							
Tubing Size: 2 + 7/8 Tubing Setting Depth: 8204 Tbg setting date: 02/12/2015 Packer Depth:							
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:							
Field should be Wildcat. Allowed me to change on this form Would just like to reiterate this info							
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							
: joycenenkinengy.com							
Attachment Check List							
Att Doc Num Name	$\neg$						
400777108 WIRELINE JOB SUMMARY							
400777110 WIRELINE JOB SUMMARY 400799966 WELLBORE DIAGRAM	-						
Total Attach: 3 Files							
General Comments							
User Group Comment Comment Date							
Comment Date	<u>:</u> ]						
Total: 0 comment(s)							
Total: 0 comment(s)							