

FORM
5Rev
12/20

State of Colorado

Oil and Gas Conservation Commission

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



Document Number:

403140936

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10661

Contact Name: Kamrin Stiver

Name of Operator: BISON OIL & GAS II LLC

Phone: (303) 3128532

Address: 518 17TH STREET #1800

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@civiresources.com

API Number 05-123-51397-00

County: WELD

Well Name: ROSS 8-60

Well Number: 18-7-7

Location: QtrQtr: SWSE Section: 18 Township: 8N Range: 60W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 545 feet Direction: FSL Distance: 2604 feet Direction: FWL

As Drilled Latitude: 40.656494 As Drilled Longitude: -104.134141

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 07/15/2022

** If directional footage at Top of Prod. Zone Dist: 1000 feet Direction: FSL Dist: 941 feet Direction: FEL
Sec: 18 Twp: 8N Rng: 60W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 843 feet Direction: FNL Dist: 982 feet Direction: FEL
Sec: 7 Twp: 8N Rng: 60W
FNL/FSL FEL/FWL

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/16/2022 Date TD: 05/24/2022 Date Casing Set or D&A: 05/25/2022

Rig Release Date: 06/18/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15710 TVD** 6427 Plug Back Total Depth MD 15700 TVD** 6427

Elevations GR 4953 KB 4977

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD, (RESISTIVITY 123-51393)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 3106

Fresh Water (bbls): 851

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1695

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	A252	43	0	104	0	104	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1967	600	1967	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	15700	2485	15700	550	CBL

Bradenhead Pressure Action Threshold 590 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	
PARKMAN	3,638		NO	NO	
SUSSEX	4,375		NO	NO	
SHANNON	5,022		NO	NO	
SHARON SPRINGS	6,485		NO	NO	
NIOBRARA	6,558		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A resistivity log was run on Ross 8-60 18-7-8 (123-51393)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kamrin StiverTitle: Drilling Technician

Date: _____

Email: kstiver@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403141395	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403141394	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>			
403141390	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403141391	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403141392	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403141393	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)