

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

404021063

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

ECMC Operator Number: 10670

Contact Name: Alison Parker

Name of Operator: BISON IV OPERATING LLC

Phone: (918) 859-9007

Address: 518 17TH STREET SUITE 1800

Fax:

City: DENVER

State: CO

Zip: 80202

Email: aparker@bisonog.com

API Number 05-123-50373-00

County: WELD

Well Name: Fox Creek 12-63

Well Number: 25-23-4

Location: QtrQtr: SWSE

Section: 25

Township: 12N

Range: 63W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 931 feet

Direction: FSL Distance: 1455 feet

Direction: FEL

As Drilled Latitude: 40.975921

As Drilled Longitude: -104.376913

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP

Date of Measurement: 02/02/2020

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 150 feet

Direction: FSL

Dist: 200 feet

Direction: FEL

Sec: 26

Twp: 12N

Rng: 63W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 196 feet

Direction: FNL

Dist: 227 feet

Direction: FEL

Sec: 23

Twp: 12N

Rng: 63W

Field Name: HEREFORD

Field Number: 34200

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/30/2020

Date TD: 10/24/2024

Date Casing Set or D&A: 10/23/2024

Rig Release Date: 11/04/2024 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 19589

TVD** 7591

Plug Back Total Depth MD 19529

TVD** 7592

Elevations

GR 5399

KB 5419

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

MWD/LWD, CBL (RESISTIVITY also on 05-123-50374 and 05-123-50371)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 4260

Fresh Water (bbls): 1260

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3000

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	20	16+1/2	N/A	85	0	97	78	97	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1532	460	1532	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	19577	2650	19577	150	CBL

Bradenhead Pressure Action Threshold 460 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 ECMC)
	Top	Bottom	DST	Cored	
FOX HILLS	967	966			
PIERRE	1,369	1,366			
PARKMAN	4,853	4,360			
SUSSEX	5,965	5,194			
SHANNON	6,938	5,924			
SHARON SPRINGS	8,670	7,211			
NIOBRARA	8,811	7,303			
FORT HAYS	9,335	7,558			
CODELL	9,420	7,583			

Operator Comments:

TPZ provided are permitted footages. Actual TPZ will be provided on the Form 5A.
PBSD is taken from the Float Collar.

Alternative Logging Program: A Resistivity log was run on the Fox Creek 12-63 25-2-1 (05-123-50374) and Fox Creek 12-63 25-24-5 (05-123-50371).

WSU Docket #241100273 has been filed.

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

Signed: _____

Print Name: Alison ParkerTitle: Regulatory Analyst

Date: _____

Email: aparker@bisonog.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404022115	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404046490	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>			
404022093	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404022103	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404022107	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404022109	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404022121	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)