

FORM
5Rev
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:

401490961

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: 10646

Contact Name: Kamrin Ruder

Name of Operator: BISON EXPLORATION LLC

Phone: (720) 9747743

Address: PO BOX 1168

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-005-07279-00

County: ARAPAHOE

Well Name: Houlihan 4-64 22A

Well Number: 21-1

Location: QtrQtr: SENE Section: 22 Township: 4S Range: 64W Meridian: 6

Footage at surface: Distance: 1774 feet Direction: FNL Distance: 1005 feet Direction: FEL

As Drilled Latitude: 39.690416 As Drilled Longitude: -104.531201

GPS Data:

Date of Measurement: 12/11/2017 PDOP Reading: 1.7 GPS Instrument Operator's Name: Jon Anderson

** If directional footage at Top of Prod. Zone Dist.: 435 feet. Direction: FNL Dist.: 461 feet. Direction: FEL

Sec: 22 Twp: 4S Rng: 64W

** If directional footage at Bottom Hole Dist.: 431 feet. Direction: FNL Dist.: 467 feet. Direction: FWL

Sec: 21 Twp: 4S Rng: 64W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/16/2017 Date TD: 10/21/2017 Date Casing Set or D&A: 10/22/2017

Rig Release Date: 10/23/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17454 TVD** 7561 Plug Back Total Depth MD 17453 TVD** 7561

Elevations GR 5705 KB 5730

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD, MUD, CBL, 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
CONDUCTOR	24	16	42	0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	2,050	700	0	2,050	VISU
1ST	8+1/2	5+1/2	20	0	17,453	2,815	1,000	17,453	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	
SUSSEX	4,908		NO	NO	
SHANNON	5,297		NO	NO	
SHARON SPRINGS	7,550		NO	NO	
NIOBRARA	7,682				

Comment:

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.

The LAS version of the CBL is uploaded to show the vertical portion of GR.

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

Signed: _____

Print Name: Kamrin Ruder

Title: Drilling Technician

Date: _____

Email: ops@bexploration.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401491013	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401491017	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>		
401490971	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401490975	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401490992	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401490993	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401490996	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401491008	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401491029	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)