

FORM
5ARev
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



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Document Number:

401504819

Date Received:

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.

1. OGCC Operator Number: 10646 4. Contact Name: Troy Owens
 2. Name of Operator: BISON EXPLORATION LLC Phone: (720) 557-8303
 3. Address: PO BOX 1168 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: towens@extractionog.com

5. API Number 05-005-07279-00 6. County: ARAPAHOE
 7. Well Name: Houlihan 4-64 22A Well Number: 21-1
 8. Location: QtrQtr: SENE Section: 22 Township: 4S Range: 64W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 11/05/2017 End Date: 11/17/2017 Date of First Production this formation: 12/07/2017Perforations Top: 7899 Bottom: 17393 No. Holes: 2233 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

64 stage plug and perf;
 548917 bbls of fresh water and 15% HCl acid pumped;
 29209900 lbs of 30/50 and 40/70 proppant pumped;q

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 548917Max pressure during treatment (psi): 8709

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.32

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.76Total acid used in treatment (bbl): 1364Number of staged intervals: 64

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 51768Fresh water used in treatment (bbl): 547553Disposition method for flowback: DISPOSALTotal proppant used (lbs): 29209900Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/11/2017 Hours: 24 Bbl oil: 190 Mcf Gas: 230 Bbl H2O: 1613Calculated 24 hour rate: Bbl oil: 190 Mcf Gas: 230 Bbl H2O: 1613 GOR: 1211Test Method: Measured Casing PSI: 400 Tubing PSI: 390 Choke Size: 32/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1493 API Gravity Oil: 40Tubing Size: 2 + 3/8 Tubing Setting Depth: 7827 Tbg setting date: 11/23/2017 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:

Actual TPZ: 435 FNL; 486 FEL

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

Signed: _____ Print Name: Troy Owens

Title: Completions Engineer Date: _____ Email: towens@extractionog.com
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Attachment Check List

Att Doc Num **Name**

401504823	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)