

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10661
2. Name of Operator: BISON OIL & GAS II LLC
3. Address: 518 17TH STREET #1800
City: DENVER State: CO Zip: 80202
4. Contact Name: Abigail Wenk
Phone: (720) 644-6997
Fax:
Email: awenk@bisonog.com

5. API Number 05-123-45842-00
6. County: WELD
7. Well Name: Castor 8-59
Well Number: 19-24-12
8. Location: QtrQtr: NESE Section: 19 Township: 8N Range: 59W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/19/2017 End Date: 01/04/2018 Date of First Production this formation: 02/14/2018
Perforations Top: 6550 Bottom: 13275 No. Holes: 1128 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 323305 Max pressure during treatment (psi): 8848
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment: Min frac gradient (psi/ft): 0.83
Total acid used in treatment (bbl): 579 Number of staged intervals: 48
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 292694 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 17988900 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/14/2018 Hours: 24 Bbl oil: 303 Mcf Gas: 216 Bbl H2O: 1033
Calculated 24 hour rate: Bbl oil: 303 Mcf Gas: 216 Bbl H2O: 1033 GOR: 1
Test Method: Flowing Casing PSI: 0 Tubing PSI: 315 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1600 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6277 Tbg setting date: 01/17/2018 Packer Depth: 6271
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:

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

Signed: _____ Print Name: Abigail Wenk
Title: Regulatory Manager Date: _____ Email: awenk@bisonog.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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