

DRILLING COMPLETION REPORT

Document Number:
401551577

Date Received:

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: 10661 Contact Name: Abigail Wenk

Name of Operator: BISON OIL & GAS II LLC Phone: (720) 644-6997

Address: 518 17TH STREET #1800 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-45855-00 County: WELD

Well Name: Castor 8-59 Well Number: 19-24-16

Location: QtrQtr: NESE Section: 19 Township: 8N Range: 59W Meridian: 6

Footage at surface: Distance: 1421 feet Direction: FSL Distance: 410 feet Direction: FEL

As Drilled Latitude: 40.644407 As Drilled Longitude: -104.011989

GPS Data:
Date of Measurement: 02/22/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: James Freshwater

** If directional footage at Top of Prod. Zone Dist.: 648 feet. Direction: FSL Dist.: 600 feet. Direction: FEL
Sec: 19 Twp: 8N Rng: 59W

** If directional footage at Bottom Hole Dist.: 607 feet. Direction: FSL Dist.: 2149 feet. Direction: FEL
Sec: 24 Twp: 8N Rng: 60W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/28/2017 Date TD: 12/04/2017 Date Casing Set or D&A: 12/06/2017

Rig Release Date: 12/13/2017 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 13451 TVD** 6124 Plug Back Total Depth MD 13374 TVD** 6125

Elevations GR 4861 KB 4884 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/GR, CBL, Mud Log, DIL

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	26	16	43	0	103	270	0	103	VISU
SURF	13+1/2	9+5/8	36	0	1,925	663	0	1,925	VISU
1ST	8+1/2	5+1/2	20	0	13,422	1,488	808	13,422	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	
PARKMAN	3,204	3,664	NO	NO	
SUSSEX	3,860	3,960	NO	NO	
SHANNON	4,610	4,810	NO	NO	
SHARON SPRINGS	5,997	6,121	NO	NO	
NIOBRARA	6,121		NO	NO	

Comment:

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

Signed: _____

Print Name: Abigail _____

Title: Regulatory Manager _____

Date: _____

Email: awenk@bisonog.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401557754	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401862968	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"/>
Other Attachments			
401557553	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861739	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861742	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861747	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861750	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861754	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861757	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861762	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861765	PDF-GAMMA RAY	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)

