

**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.

Document Number:  
401633810

Date Received:

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 05-123-46459-00 County: WELD

Well Name: Hunt 8-60 Well Number: 6C-5-10

Location: QtrQtr: Lot 7 Section: 6 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 1185 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.687237 As Drilled Longitude: -104.141128

GPS Data:  
Date of Measurement: 05/09/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Jonathon Bayliff

\*\* If directional footage at Top of Prod. Zone Dist.: 632 feet. Direction: FSL Dist.: 622 feet. Direction: FWL  
Sec: 6 Twp: 8N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 715 feet. Direction: FSL Dist.: 309 feet. Direction: FEL  
Sec: 5 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) 03/26/2018 Date TD: 04/01/2018 Date Casing Set or D&A: 04/03/2018

Rig Release Date: 04/03/2018 Per Rule 308A.b.

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

Total Depth MD 16674 TVD\*\* 6553 Plug Back Total Depth MD 16660 TVD\*\* 6553

Elevations GR 4963 KB 4986 **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	80	270	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,925	582	0	1,925	VISU
1ST	8+1/2	5+1/2	20	0	16,663	2,270	769	16,663	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	
PIERRE	570	6,392		NO	
PARKMAN	3,554	3,690		NO	
SUSSEX	3,930	4,002		NO	
SHANNON	4,846	4,914		NO	
SHARON SPRINGS	6,392	6,484		NO	
NIOBRARA	6,484	6,983		NO	
FORT HAYS	6,806	6,983		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 Wenk

Title: Regulatory Manager

Date: \_\_\_\_\_

Email: awenk@bisonog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401861842	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401887327	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"/>
<b>Other Attachments</b>			
401861807	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861809	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861810	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861811	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861816	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861821	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861825	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861828	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861858	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)

