

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:
401910107

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) 6446997

Address: 518 17TH STREET #1800 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-47790-00 County: WELD

Well Name: Hunt 8-60 Well Number: 17A-8-6

Location: QtrQtr: SWNW Section: 17 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 2216 feet Direction: FNL Distance: 571 feet Direction: FWL

As Drilled Latitude: 40.663447 As Drilled Longitude: -104.122710

GPS Data:
Date of Measurement: 12/15/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: DALLAS NIELSEN

** If directional footage at Top of Prod. Zone Dist.: 2237 feet. Direction: FNL Dist.: 1495 feet. Direction: FWL
Sec: 17 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 226 feet. Direction: FNL Dist.: 1596 feet. Direction: FWL
Sec: 8 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) 11/03/2018 Date TD: 11/09/2018 Date Casing Set or D&A: 11/10/2018

Rig Release Date: 11/27/2018 Per Rule 308A.b.

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

Total Depth MD 14019 TVD** 6452 Plug Back Total Depth MD 13967 TVD** 6454

Elevations GR 4944 KB 4969 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, MUD, CBL, DIL in API: 123-47779

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	360	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,883	640	0	1,883	VISU
1ST	8+1/2	5+1/2	20	0	14,013	2,010	210	14,019	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	3,446				
SUSSEX	4,287				
SHARON SPRINGS	6,248				
NIOBRARA	6,364				

Comment:

PBTD is the top of the float collar.

TPZ data reported is actual.

No open hole resistivity log run. The DIL was ran on the Hunt 8-60 17A-8-2 (API 05-123-47779). Approved APD had BMP requiring one well on pad to be logged with open hole resistivity log with gamma ray.

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

Signed: _____

Print Name: Ariana Solis

Title: Regulatory Analyst

Date: _____

Email: asolis@bisonog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401916700	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401922543	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			
401916703	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916710	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916722	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916724	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916747	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916757	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401922544	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)

