

FORM
5Rev
10/14**State of Colorado**
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402277799

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10661

Contact Name: Todd Wolff

Name of Operator: BISON OIL & GAS II LLC

Phone: (720) 6446997

Address: 518 17TH STREET #1800

Fax:

City: DENVER

State: CO

Zip: 80202

Email: twolff@bisonog.com

API Number 05-123-46656-00

County: WELD

Well Name: Boomslang Fed 8-60

Well Number: 14A-13-18-2

Location: QtrQtr: SENE

Section: 14

Township: 8N

Range: 60W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1369 feet

Direction: FNL

Distance: 974 feet

Direction: FEL

As Drilled Latitude: 40.666068

As Drilled Longitude: -104.051889

GPS Data:

Date of Measurement: 11/07/2019

PDOP Reading: 1.6

GPS Instrument Operator's Name: Matthew Miller

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 300 feet

Direction: FNL

Dist: 300 feet

Direction: FEL

Sec: 13

Twp: 8N

Rng: 60W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 326 feet

Direction: FNL

Dist: 2619 feet

Direction: FWL

Sec: 18

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) 10/22/2019

Date TD: 10/25/2019

Date Casing Set or D&A: 10/27/2019

Rig Release Date: 11/02/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 14329

TVD** 6230

Plug Back Total Depth MD 14323

TVD** 6230

Elevations GR 4876

KB 4900

Digital Copies of ALL Logs must be Attached per Rule 308A



List Electric Logs Run:

CBL, MWD/LWD, (DIL IN API: 05-123-46660)

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	40	0	80	40	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,934	651	0	1,944	VISU
1ST	8+1/2	5+1/2	20	0	14,324	1,975	0	14,329	VISU

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	3,440				
SUSSEX	4,070				
SHARON SPRINGS	6,080				
NIOBRARA	6,210				

Operator Comments:

PBTD is top of float collar.

TPZ provided are permitted footages. Actual TPZ & EPI will be provided on the form 5A.

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 ?	
<u>Attachment Checklist</u>			
402279598	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402280529	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"/>
<u>Other Attachments</u>			
402279589	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279592	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279715	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280109	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280528	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)

