

FORM
5

Rev
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: <u>10661</u>	Contact Name: <u>Todd Wolff</u>
Name of Operator: <u>BISON OIL & GAS II LLC</u>	Phone: <u>(720) 6446997</u>
Address: <u>518 17TH STREET #1800</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>twolff@bisonog.com</u>

API Number <u>05-123-46656-00</u>	County: <u>WELD</u>
Well Name: <u>Boomslang Fed 8-60</u>	Well Number: <u>14A-13-18-2</u>
Location: QtrQtr: <u>SENE</u> Section: <u>14</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1369</u> feet Direction: <u>FNL</u> Distance: <u>974</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.666068</u> As Drilled Longitude: <u>-104.051889</u>	
GPS Data:	
Date of Measurement: <u>11/07/2019</u> PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>Matthew Miller</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>300</u> feet Direction: <u>FNL</u> Dist: <u>300</u> feet Direction: <u>FEL</u>	
Sec: <u>13</u> Twp: <u>8N</u> Rng: <u>60W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>326</u> feet Direction: <u>FNL</u> Dist: <u>2619</u> feet Direction: <u>FEL</u>	
Sec: <u>18</u> Twp: <u>8N</u> Rng: <u>60W</u>	
Field Name: <u>WILDCAT</u> Field Number: <u>99999</u>	
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 <u>14329</u> TVD** <u>6230</u> Plug Back Total Depth MD <u>14323</u> TVD** <u>6230</u>
Elevations GR <u>4876</u> KB <u>4900</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

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)

