

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:

402279605

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 05-123-46662-00 County: WELD
Well Name: Boomslang Fed 8-60 Well Number: 14A-13-18-3
Location: QtrQtr: SENE Section: 14 Township: 8N Range: 60W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1358 feet Direction: FNL Distance: 948 feet Direction: FEL
As Drilled Latitude: 40.666098 As Drilled Longitude: -104.051796

GPS Data:

Date of Measurement: 11/07/2019 PDOP Reading: 1.8 GPS Instrument Operator's Name: MATTHEW MILLER
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 885 feet Direction: FNL Dist: 300 feet Direction: FWL
Sec: 13 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist: 943 feet Direction: FNL Dist: 2617 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) 10/15/2019 Date TD: 10/20/2019 Date Casing Set or D&A: 10/22/2019

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 14307 TVD** 6184 Plug Back Total Depth MD 14304 TVD** 6184

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	1,921	642	0	1,931	VISU
1ST	8+1/2	5+1/2	20	0	14,305	1,970	0	14,307	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	4,025				
SHARON SPRINGS	6,060				
NIOBRARA	6,180				

Operator Comments:

PBTD is top of float collar.

Surface casing cement report incorrectly lists surface casing set depth. This has been noted and corrected on the attachment.

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>			
402279702	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402280537	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>			
402279706	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279707	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279709	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280114	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280536	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)

