

FORM
5Rev
12/20

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:

403140921

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: Kamrin Stiver

Name of Operator: BISON OIL & GAS II LLC

Phone: (303) 3128532

Address: 518 17TH STREET #1800

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@civiresources.com

API Number 05-123-51444-00

County: WELD

Well Name: ROSS 8-60

Well Number: 18-7-5

Location: QtrQtr: SESW

Section: 18

Township: 8N

Range: 60W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 545 feet

Direction: FSL

Distance: 2548 feet

Direction: FWL

As Drilled Latitude: 40.656493

As Drilled Longitude: -104.134340

GPS Data: GPS Quality Value: 1.3

Type of GPS Quality Value: PDOP

Date of Measurement: 07/15/2022

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1000 feet

Direction: FSL

Dist: 2300 feet

Direction: FEL

Sec: 18

Twp: 8N

Rng: 60W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 745 feet

Direction: FNL

Dist: 2339 feet

Direction: FEL

Sec: 7

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) 05/15/2022

Date TD: 06/01/2022

Date Casing Set or D&A: 06/02/2022

Rig Release Date: 06/18/2022 Per Rule 308A.b.

Well Classification:



Dry



Oil



Gas/Coalbed



Disposal



Stratigraphic



Enhanced Recovery



Storage



Observation

Total Depth MD 15523

TVD** 6406

Plug Back Total Depth MD 15516

TVD** 6406

Elevations GR 4952

KB 4976

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD, (RESISTIVITY 123-51393)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 3314

Fresh Water (bbls): 855

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1655

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	A252	43	0	104	100	104	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1955	600	1955	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	15516	2455	15516	710	CBL

Bradenhead Pressure Action Threshold 586 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	3,531		NO	NO	
SUSSEX	4,260		NO	NO	
SHANNON	4,903		NO	NO	
SHARON SPRINGS	6,269		NO	NO	
NIOBRARA	6,349		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A resistivity log was run on Ross 8-60 18-7-8 (123-51393)

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

Signed: _____

Print Name: Kamrin StiverTitle: Drilling Technician

Date: _____

Email: kstiver@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403141115	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403141117	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>			
403141103	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403141109	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403141111	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403141113	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)