

FORM  
5

Rev  
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

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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: 10670 Contact Name: Rachel Milne
Name of Operator: BISON IV OPERATING LLC Phone: (720) 3708580
Address: 518 17TH STREET SUITE 1800 Fax:
City: DENVER State: CO Zip: 80202 Email: rmilne@bisonog.com

API Number 05-123-51702-00 County: WELD
Well Name: Eider Well Number: 36-1-6HN
Location: QtrQtr: SWSE Section: 25 Township: 8N Range: 60W Meridian: 6
Footage at surface: Distance: 1144 feet Direction: FSL Distance: 2410 feet Direction: FEL
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 10/24/2022

Spud Date: (when the 1st bit hit the dirt) 10/15/2022 Date TD: 09/04/2023 Date Casing Set or D&A: 09/05/2023
Rig Release Date: 10/04/2023 Per Rule 308A.b.

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

Total Depth MD 16779 TVD\*\* 6232 Plug Back Total Depth MD 16723 TVD\*\* 6234
Elevations GR 4927 KB 4947 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD/LWD, CBL, (RES in 05-123-51697)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 4020 Fresh Water (bbls): 2220
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1800

### 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	H40	43	0	94	60	94	0	VISU
SURF	13+1/2	9+5/8	J55	40	0	1670	600	1670	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	16770	2242	16770	243	CBL

Bradenhead Pressure Action Threshold 501 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	3,400		NO	NO	
SUSSEX	4,063		NO	NO	
SHANNON	4,812		NO	NO	
SHARON SPRINGS	6,306		NO	NO	6306
NIOBRARA	6,400		NO	NO	

Operator Comments:

-TPZ provided are permitted footages. Actual TPZ and BPZ will be provided on the Form 5A.  
 -PBTD is taken from the Float Collar.  
 -Alternative Logging Program: No open-hole logs were run on this well. A Resistivity log was run on Eider 36-1-7HN (05-123-51697). Approved APD had BMP requiring one well on pad to be logged with open hole resistivity log with gamma ray.  
 - Surface cement ticket was provided via Form 5 Doc # 403222142 .

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

Signed: \_\_\_\_\_

Print Name: Rachel Milne

Title: Regulatory Manager

Date: \_\_\_\_\_

Email: rmilne@bisonog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403616956	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403616950	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>			
403616952	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403616962	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403616969	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403616976	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403616978	LAS-CEMENT BOND	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)