

FORM  
5A

Rev  
09/20

# State of Colorado

## Energy & Carbon Management Commission

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



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Document Number:  
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Date Received:

### COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10670</u>	4. Contact Name: <u>Rachel Milne</u>
2. Name of Operator: <u>BISON IV OPERATING LLC</u>	Phone: <u>(720) 3708580</u>
3. Address: <u>518 17TH STREET SUITE 1800</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rmilne@bisonog.com</u>

5. API Number <u>05-123-51702-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Eider</u>	Well Number: <u>36-1-6HN</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/14/2023 End Date: 12/22/2023 Date this Formation was Completed: 02/12/2024

Perforations Top: 7778 Bottom: 16620 No. Holes: 1576 Hole size: 0.38 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

46 STAGE PLUG AND PERF: 4,838,315 LBS 40/70 WHITE SAND, 8,037,795 LBS 40/140 WHITE SAND, 5,548,645 LBS 100# MESH, 511 BBLS 15% HCL ACID, 15,220 BBLS RECYCLED WATER, AND 368,340 BBLS SLICKWATER

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 384071 Max pressure during treatment (psi): 9171

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.89

Total acid used in treatment (bbl): 511 Number of staged intervals: 46

Recycled or Reused Fluids used in treatment (bbl): 15220 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 368340 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 18424755

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

<u>03/06/2024</u>	Hours: <u>24</u>	Bbl oil: <u>306</u>	Mcf Gas: <u>229</u>	Bbl H2O: <u>1242</u>
Calculated 24 hour rate:	Bbl oil: <u>306</u>	Mcf Gas: <u>229</u>	Bbl H2O: <u>1242</u>	GOR: <u>748</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>295</u>	Tubing PSI: <u>311</u>	Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1351</u>	API Gravity Oil: <u>39</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6445</u>	Tbg setting date: <u>01/24/2024</u>	Packer Depth: <u>6454</u>	

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

### Comment:

1. The TPZ is at 1276' FNL and 1119' FEL of T8N R60W Sec 36.
2. The BPZ is at 460' FSL and 1070' FEL of T7N R60W Sec 1.
3. Well went straight into production facilities from initial turn on, no flowback was conducted.
4. Frac was reduced by 20% from 7778' to 8581' due to offset well STATE \*1(API 123-05476). Frac was not conducted until 7778' to avoid 50% reduction phases.

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 List

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)