

FORM
2
Rev
05/22

State of Colorado
Energy & Carbon Management Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403897055

(SUBMITTED)

Date Received:

09/11/2024

APPLICATION FOR PERMIT TO

Drill Deepen Re-enter Recomplete and Operate Amend

TYPE OF WELL OIL GAS COALBED OTHER: _____ Refile

ZONE TYPE SINGLE ZONE MULTIPLE ZONES COMMINGLE ZONES Sidetrack

Well Name: Fox Creek 12-63 Well Number: 34-2-3

Name of Operator: BISON IV OPERATING LLC ECMC Operator Number: 10670

Address: 518 17TH STREET SUITE 1800

City: DENVER State: CO Zip: 80202

Contact Name: Rachel Milne Phone: (720)370-8580 Fax: ()

Email: rmilne@bisonog.com

FINANCIAL ASSURANCE FOR PLUGGING, ABANDONMENT, AND RECLAMATION

ECMC Financial Assurance

The Operator has provided or will provide Financial Assurance to the ECMC for this Well.

Surety ID Number (if applicable): 20230068

Federal Financial Assurance

In checking this box, the Operator certifies that it has provided or will provide at least this amount of Financial Assurance to the federal government for this Well. (Per Rule702.a.)

Amount of Federal Financial Assurance \$ _____

WELL LOCATION INFORMATION

Surface Location

QtrQtr: NENE Sec: 34 Twp: 12N Rng: 63W Meridian: 6

Footage at Surface: 461 Feet FNL 796 Feet FEL

Latitude: 40.971871 Longitude: -104.412313

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 04/12/2017

Ground Elevation: 5352

Field Name: HEREFORD Field Number: 34200

Well Plan: is Directional Horizontal (highly deviated) Vertical

If Well plan is Directional or Horizontal attach Deviated Drilling Plan and Directional Data.

Subsurface Locations

Top of Productive Zone (TPZ)

Sec: 35 Twp: 12N Rng: 63W Footage at TPZ: 150 FNL 1206 FWL

Measured Depth of TPZ: 8283 True Vertical Depth of TPZ: 7407 FNL/FSL FEL/FWL

Base of Productive Zone (BPZ)

Sec: 2 Twp: 11N Rng: 63W Footage at BPZ: 150 FSL 1166 FWL
Measured Depth of BPZ: 18564 True Vertical Depth of BPZ: 7407 FNL/FSL FEL/FWL

Bottom Hole Location (BHL)

Sec: 2 Twp: 11N Rng: 63W Footage at BHL: 50 FSL 1166 FWL
FNL/FSL FEL/FWL

LOCAL GOVERNMENT PERMITTING INFORMATION

County: WELD Municipality: N/A

Is the Surface Location of this Well in an area designated as one of State interest and subject to the requirements of § 24-65.1-108 C.R.S.? Yes

Per § 34-60-106(1)(f)(I)(A) C.R.S., the following questions pertain to the Relevant Local Government approval of the siting of the proposed Oil and Gas Location.

SB 19-181 provides that when "applying for a permit to drill," operators must include proof that they sought a local government siting permit and the disposition of that permit application, or that the local government does not have siting regulations. § 34-60-106(1)(f)(I) (A) C.R.S.

Does the Relevant Local Government regulate the siting of Oil and Gas Locations, with respect to this Location? [X] Yes [] No

[X] If yes, in checking this box, I hereby certify that an application has been filed with the local government with jurisdiction to approve the siting of the proposed oil and gas location.

The disposition of the application filed with the Relevant Local Government is: Waived Date of Final Disposition:

Comments: Location built prior to WOGLA process.

SURFACE AND MINERAL OWNERSHIP AT WELL'S OIL & GAS LOCATION

Surface Owner of the land at this Well's Oil and Gas Location: [X] Fee [] State [] Federal [] Indian

Mineral Owner beneath this Well's Oil and Gas Location: [X] Fee [] State [] Federal [] Indian

Surface Owner Protection Bond (if applicable): Surety ID Number (if applicable):

MINERALS DEVELOPED BY WELL

The ownership of all the minerals that will be developed by this Well is (check all that apply):

- [X] Fee
[] State
[] Federal
[] Indian
[] N/A

LEASE INFORMATION

Using standard QtrQtr, Section, Township, Range format describe one entire mineral lease as follows:

* If this Well is within a unit, describe a lease that will be developed by the Well.
* If this Well is not subject to a unit, describe the lease that will be produced by the Well.
(Attach a Lease Map or Lease Description or Lease if necessary.)

12N 62W Section 30: SE/4 11N 63W Section 2: ALL 12N 63W Section 35: S/2

Total Acres in Described Lease: 1120 Described Mineral Lease is: [X] Fee [] State [] Federal [] Indian

Federal or State Lease #

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

Building: 1733 Feet
 Building Unit: 1967 Feet
 Public Road: 1284 Feet
 Above Ground Utility: 464 Feet
 Railroad: 5280 Feet
 Property Line: 461 Feet

INSTRUCTIONS:

- Specify all distances per Rule 308.b.(1).
- Enter 5280 for distance greater than 1 mile.
- Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.
- Building Unit – as defined in 100 Series Rules.

OBJECTIVE FORMATIONS

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
NIOBRARA	NBRR	421-120	1280	T12N, R63W, Section 35; All Section 2: All

Federal or State Unit Name (if appl): _____

Unit Number: _____

SUBSURFACE MINERAL SETBACKS

Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? Yes

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: 150 Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: 16 Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: _____ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: _____ Feet

Exception Location

If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers. _____

SPACING & FORMATIONS COMMENTS

DRILLING PROGRAMProposed Total Measured Depth: 18664 Feet TVD at Proposed Total Measured Depth 7407 Feet

Distance from the proposed wellbore to nearest existing or proposed wellbore belonging to another operator, including plugged wells:

Enter distance if less than or equal to 1,500 feet: _____ Feet No well belonging to another operator within 1,500 feetWill a closed-loop drilling system be used? YesIs H₂S gas reasonably expected to be encountered during drilling operations at concentrations greater than or equal to 100 ppm? No If yes, attach an H₂S Drilling Plan unless a plan was already submitted with the Form 2A per Rule 304.c.(10).Will there be hydraulic fracture treatment at a depth less than 2,000 feet in this well? NoWill salt sections be encountered during drilling? NoWill salt based (>15,000 ppm Cl) drilling fluids be used? NoWill oil based drilling fluids be used? YesBOP Equipment Type: Annular Preventor Double Ram Rotating Head NoneBeneficial reuse or land application plan submitted? No

Reuse Facility ID: _____ or Document Number: _____

CASING PROGRAM

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>
CONDUCTOR	26	16	N/A	37	0	80	50	80	0
SURF	13+1/2	9+5/8	J55	36	0	1900	787	1900	0
1ST	8+1/2	5+1/2	HCP110	20	0	18664	2027	18664	1700

 Conductor Casing is NOT planned**POTENTIAL FLOW AND CONFINING FORMATIONS**

<u>Zone Type</u>	<u>Formation /Hazard</u>	<u>Top M.D.</u>	<u>Top T.V.D.</u>	<u>Bottom M.D.</u>	<u>Bottom T.V.D.</u>	<u>TDS (mg/L)</u>	<u>Data Source</u>	<u>Comment</u>
Groundwater	Fox Hills	972	971	1372	1371	0-500	DWR	
Groundwater	Base Fox Hills	1372	1371	4430	4319	0-500	DWR	
Hydrocarbon	Parkman	4430	4319	4880	4711			
Confining Layer	Pierre	4880	4711	5497	5249			
Hydrocarbon	Sussex	5497	5249	5904	5603			
Confining Layer	Pierre	5904	5603	6373	6012			
Hydrocarbon	Shannon	6373	6012	6612	6220			
Confining Layer	Pierre	6612	6220	7756	7204			
Confining Layer	Sharon Springs	7756	7204	7924	7309			
Hydrocarbon	Niobrara	7924	7309	18664	7407			Bottom TVD is bottom of the well and not bottom of the formation; the formation is not planned to be exited.

OPERATOR COMMENTS AND SUBMITTAL

Comments

3	Drilling/Completion Operations	Alternative Logging Program - One of the first wells drilled on the pad will be logged with Open Hole Resistivity Log and Gamma Ray Log from the kick-off point to into the surface casing. All wells on the pad will have a cement bond log with gamma-ray run on production casing (or on intermediate casing if production liner is run) into the surface casing. The horizontal portion of every well will be logged with a measured-while-drilling gamma-ray log. The Form 5, Completion Report, for each well on the pad will list all logs run and have those logs attached. The Form 5 for a well without open-hole logs shall clearly state "Alternative Logging Program - No open-hole logs were run" and shall clearly identify (by API#, well name & number) the well in which open-hole logs were run.
4	Drilling/Completion Operations	When a skid is performed, if a previous well on that pad has completed a full BOPE test within the past 21 days, then the only required BOPE tests are for the BOPE connections that were broken during skid. The purpose of this is to prevent the wear and tear on the choke line and kill line valves. The annular and double rams will be tested as per usual, and all broken connections will also be tested (annular to 70% of rated pressure, all other values and connections will be tested to full rated pressure). Under no circumstances will 21 days be exceeded without completing a full BOPE Test to all connections including all choke and kill line valves. Daily function test/activation of pipe rams are still required in addition to a preventer operator test on each trip.

Total: 4 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403897276	WELL LOCATION PLAT
403900101	OTHER
403900103	DEVIATED DRILLING PLAN
403900108	DIRECTIONAL DATA
403917592	OffsetWellEvaluations Data

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)