

FORM
2

Rev
10/24

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:

404023721

(SUBMITTED)

Date Received:

12/13/2024

APPLICATION FOR PERMIT TO

☒ Drill ☐ Deepen ☐ Re-enter ☐ Recomplete and Operate Amend ☒

TYPE OF WELL OIL ☒ GAS ☐ COALBE ☐ GEOTHERMAL ☐ OTHER: _____

Refile ☐

ZONE TYPE SINGLE ZONE ☒ MULTIPLE ZONES ☐ COMMINGLE ZONES ☐

Sidetrack ☐

Well Name: Fox Creek 12-63 Well Number: 25-1-9
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: SWSE Sec: 25 Twp: 12N Rng: 63W Meridian: 6

FNL/FSL

FEL/FWL

Footage at Surface: 930 Feet FSL 1380 Feet FEL

Latitude: 40.975918 Longitude: -104.376641

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 08/20/2018

Ground Elevation: 5399

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: 36 Twp: 12N Rng: 63W Footage at TPZ: 150 FNL 2003 FEL
Measured Depth of TPZ: 7857 True Vertical Depth of TPZ: 7462 FNL/FSL FEL/FWL

Base of Productive Zone (BPZ)Sec: 1 Twp: 11N Rng: 63WFootage at BPZ: 150 FSL 2003 FELMeasured Depth of BPZ: 18292True Vertical Depth of BPZ: 7462 FNL/FSL FEL/FWL**Bottom Hole Location (BHL)**Sec: 1 Twp: 11N Rng: 63WFootage at BHL: 50 FSL 2004 FELFNL/FSL FEL/FWL**LOCAL GOVERNMENT PERMITTING INFORMATION**County: WELDMunicipality: 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 and §37-90.5-107(2)(b)(I) C.R.S, the following questions pertain to the Relevant Local Government approval of the siting of the proposed Oil and Gas or Geothermal Locations.

The Energy and Carbon Management Act and the Geothermal Resources Act provide 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.

Does the Relevant Local Government regulate the siting of Oil and Gas Locations, with respect to this Location? ☒ Yes ☐ No☒ 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: Approved Date of Final Disposition: 09/04/2019Comments: WOGLA19-0111 Approved 9/4/19

GEOTHERMAL

Well Overview

The following questions determine informational requirements based on Well type:

Which type of Geothermal Well is this? Select one of the following:

Will this well be constructed using cementing methodologies other than those listed in Rule 408.f?

If Yes, what method will be used:

Please describe the cementing method to be used in detail:

Geothermal Resource Units

Fill out the information below to submit an application for a Geothermal Resource Unit (GRU) as part of the current permit application. This may also be completed later using a Form 4 Sundry.

Will this Well be in an existing GRU?

Are you submitting your application for a new GRU as part of the current application?

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

Surface Owner of the land at this Well's Oil and Gas Or Geothermal Location:

☒ Fee ☐ State ☐ Federal ☐ Indian

Mineral Owner beneath this Well's Oil and Gas Or Geothermal Location:

☒ 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):

- ☒ 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.)

T12N R63W Sec 36: ALL

Total Acres in Described Lease: 640

Described Mineral Lease is: ☒ Fee ☐ State ☐ Federal ☐ Indian

Federal or State Lease # _____

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

Building: 5280 Feet
Building Unit: 5280 Feet
Public Road: 906 Feet
Above Ground Utility: 1225 Feet
Railroad: 5280 Feet
Property Line: 957 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	421-121	1280	T12N R63W Sec 36: ALL; T11 R63W Sec 1; 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: 43 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 PROGRAM

Proposed Total Measured Depth: 18292 Feet

TVD at Proposed Total Measured Depth 7462 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: 1440 Feet ☐ No well belonging to another operator within 1,500 feet

Will a closed-loop drilling system be used? Yes

Is 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? No

Will salt sections be encountered during drilling? No

Will salt based (>15,000 ppm Cl) drilling fluids be used? No

Will oil based drilling fluids be used? Yes

BOP Equipment Type: ☒ Annular Preventor ☒ Double Ram ☒ Rotating Head ☐ None

Beneficial reuse or land application plan submitted? No

Reuse Facility ID: _____ or Document Number: _____

CASING PROGRAM

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
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	18292	1988	18292	1700

☐ Conductor Casing is NOT planned

POTENTIAL FLOW AND CONFINING FORMATIONS

Zone Type	Formation /Hazard	Top M.D.	Top T.V.D.	Bottom M.D.	Bottom T.V.D.	TDS (mg/L)	Data Source	Comment
Groundwater	Fox Hills	969	969	1370	1370	0-500	DWR	
Confining Layer	Pierre	1370	1370	4382	4356			
Hydrocarbon	Parkman	4382	4356	4711	4681			
Confining Layer	Pierre	4711	4681	5242	5204			
Hydrocarbon	Sussex	5242	5204	5571	5528			
Confining Layer	Pierre	5571	5528	5973	5924			
Hydrocarbon	Shannon	5973	5924	6348	6294			
Confining Layer	Pierre	6348	6294	7332	7238			
Confining Layer	Sharon Springs	7332	7238	7423	7305			
Hydrocarbon	Niobrara	7423	7305	18292	7462			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

Distance from completed zone of this wellbore to nearest completed zone of an offset well (maybe take out "within the same unit permitted or completed" in the same formation is to the JAKE 2-01H (05-123-30574) operated by BISON IV OPERATING LLC, this distance was measured via an anticollision. No 408.u is attached as the subject well is operated by BISON IV OPERATING LLC.

Distance from the proposed wellbore to nearest existing or proposed wellbore belonging to another operator, including plugged wells was measured to the Bevo 4-36 SWD (05-123-30585) operated by EOG RESOURCES INC, this distance was measured via anticollision.

This well has a bottom-hole location beyond the unit boundary setback. The bottom of the completed interval will be within the unit boundary setback at 150' FSL and 2003' FEL of Section 1. The wellbore beyond the unit boundary setback will be physically isolated and will not be completed.

This Form 2 is being submitted as an amended permit. The SHL, TPZ, BPZ, and BHL, drill plan, and name is changing from the original Form 2.

This application is in a Comprehensive Area Plan No CAP #: _____
Oil and Gas Development Plan Name _____ OGDID #: _____
Location ID: 466299

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

Signed: _____ Print Name: Alison Parker

Title: Regulatory Analyst Date: 12/13/2024 Email: aparker@bisonog.com

Based on the information provided herein, this Application for Permit-to-Drill complies with ECMC Rules, applicable orders, and SB 19-181 and is hereby approved.

ECMC Approved: _____ Director of ECMC Date: _____
Expiration Date: _____

API NUMBER

05 123 50300 00

CONDITIONS OF APPROVAL, IF ANY LIST

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

COA Type **Description**

0 COA	
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Best Management Practices

No BMP/COA Type **Description**

1	Drilling/Completion Operations	Blowout Prevention Equipment ("BOPE"): A double ram annular preventer will be used during drilling.
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2	Drilling/Completion Operations	Anti-collision: Operator will perform an anti-collision evaluation of all active (producing, shut in, or temporarily abandoned) offset wellbores that have the potential of being within 150 feet of a proposed well prior to drilling operations for the proposed well. Notice shall be given to all offset operators prior to drilling.
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 valves 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>
404023791	WELL LOCATION PLAT
404027728	OffsetWellEvaluations Data
404027734	OTHER
404027739	DEVIATED DRILLING PLAN
404027766	DIRECTIONAL 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)