

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:
404483194

Date Received:
12/22/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10670
Name of Operator: BISON IV OPERATING LLC
Address: 518 17TH STREET SUITE 1800
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name: Paul Buck Phone: 303 882-5868 Email: pbuck@bisonog.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 720800062
Inspection Date: 10/14/2025 FIR Submit Date: 10/14/2025 FIR Status:

Inspected Operator Information:

Company Name: HIGHPOINT OPERATING CORPORATION Company Number: 10071
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 417093

Location Name: Fox Creek Number: 33 NWNW County: WELD
Qtrqtr: NWN Sec: 33 Twp: 12N Range: 63W Meridian: 6
W
Latitude: 40.972070 Longitude: -104.443292

FACILITY - API Number: 05-123-00 Facility ID: 459091

Facility Name: Fox Creek Number: 33-0461B
Qtrqtr: NWN Sec: 33 Twp: 12N Range: 63W Meridian: 6
W
Latitude: 40.972070 Longitude: -104.443292

CORRECTIVE ACTIONS:

1 CA# 208757

Corrective Action: Operator is to provide a full description of activity and current status at this location. Location and APD were indicated to have been abandoned without construction or drilling (Sundry #402617966). Provide these details on a Form 4 Sundry Notice. If any casing was placed, a Form 5 Drilling Completion Report is required. Final reclamation and pad closure need to be concluded.

Date: 10/31/2025

Response: CA COMPLETED Date of Completion: 12/12/2025

The Fox Creek 33-0461B (Facility ID 459091) is a well that was never drilled. Only the conductor for this well was set. As such, it never produced. It is located at the Fox Creek 33 NWNW (Facility ID 417093), which is an

Operator: operating facility.
Comment: The Collar for the well has been removed and the well was cut and capped. Photos attached.
Form 4, Document Number 404483235 was submitted to document this work

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Paul Buck

Signed: _____

Title: EH&S Manager

Date: 12/22/2025 11:50:41 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

404483212	REsponse
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Total Attach: 1 Files