

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:
404489941

Date Received:
12/30/2025

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	Phone	Email
<u>Paul Buck</u>	<u>303-882-5868</u>	<u>pbuck@bisonog.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 720800078
Inspection Date: 10/16/2025 FIR Submit Date: 10/16/2025 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: 460339

Location Name: FOX CREEK Number: 34 NW PAD County: WELD
Qtrqtr: NWN Sec: 34 Twp: 12N Range: 63W Meridian: 6
W
Latitude: 40.969803 Longitude: -104.424628

FACILITY - API Number: 05-123-00 Facility ID: 462350

Facility Name: FOX CREEK Number: 27-6401B
Qtrqtr: NWN Sec: 34 Twp: 12N Range: 63W Meridian: 6
W
Latitude: 40.969803 Longitude: -104.424628

CORRECTIVE ACTIONS:

1 CA# 208759

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 #402617915). 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: 12/29/2025

Bison plans to drill and complete this well using the existing conductor in Q2 2026. A Form 4 requesting this update was submitted on 12/29/2025

Operator _____
Comment: _____

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: 12/30/2025 3:33:26 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files