

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:  
404520875

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: 10670

2. Name of Operator: BISON IV OPERATING LLC

3. Address: 518 17TH STREET SUITE 1800  
City: DENVER State: CO Zip: 80202

4. Contact Name: Alison Parker  
Phone: (918) 859-9007  
Fax: \_\_\_\_\_  
Email: aparker@bisonog.com

5. API Number 05-123-53085-00

6. County: WELD

7. Well Name: Mavericks 8-61  
Well Number: 31-6-1

8. Location: QtrQtr: NWNW Section: 31 Township: 8N Range: 61W Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

10. If Directional, footage at Top of Prod. Zone: 150 Feet FNL 350 Feet FWL  
Sec: 31 Twp: 8N Rng: 61W

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 10/28/2025 End Date: 11/10/2025 Date this Formation was Completed: 01/02/2026

Perforations Top: 7091 Bottom: 17297 No. Holes: 1377 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.

51 STAGE WET SHOE: 22,553,990 LBS 40/140 WHITE SAND, 499 BBLS 15% HCL ACID, AND 507,495 BBLS SLICKWATER.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 507994 Max pressure during treatment (psi): 8851

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): 0.76

Total acid used in treatment (bbl): 499 Number of staged intervals: 51

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

Recycled Produced Water Alternative used in treatment (bbls): \_\_\_\_\_

Fresh water used in treatment (bbl): 507495 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 22553990

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

### Test Information:

01/07/2026 Hours: 24 Bbl oil: 320 Mcf Gas: 193 Bbl H2O: 1645

Calculated 24 hour rate: Bbl oil: 320 Mcf Gas: 193 Bbl H2O: 1645 GOR: 603

Test Method: FLOWING Casing PSI: 360 Tubing PSI: 482 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1408 API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6687 Tbg setting date: 11/18/2025 Packer Depth: 6729

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:

Well went straight into production facilities from initial turn on, no flowback was conducted

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: \_\_\_\_\_ Email: aparker@bisonog.com

### ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404520952	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)