

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:
404521094

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 05-123-53082-00
6. County: WELD
7. Well Name: Mavericks 8-61
Well Number: 31-6-3
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: 185 Feet FNL 2150 Feet FWL
Sec: 31 Twp: 8N Rng: 61W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 10/29/2025 End Date: 11/10/2025 Date this Formation was Completed: 01/02/2026

Perforations Top: 7354 Bottom: 17547 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: 22,549,220 LBS 40/140 WHITE SAND, 442 BBLS 15% HCL ACID, AND 504,247 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 504689 Max pressure during treatment (psi): 8419

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): 0.86

Total acid used in treatment (bbl): 442 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): 504247 Disposition method for flowback: _____

Total proppant used (lbs): 22549220

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/08/2026 Hours: 24 Bbl oil: 127 Mcf Gas: 115 Bbl H2O: 1766

Calculated 24 hour rate: Bbl oil: 127 Mcf Gas: 115 Bbl H2O: 1766 GOR: 905

Test Method: FLOWING Casing PSI: 217 Tubing PSI: 763 Choke Size: 30/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6920 Tbg setting date: 11/20/2025 Packer Depth: 6962

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

Att Doc Num	Name
404521209	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)