

FORM  
5

Rev  
12/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402598250

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: <u>10670</u>	Contact Name: <u>DUSTIN DYK</u>
Name of Operator: <u>MALLARD EXPLORATION LLC</u>	Phone: <u>(720) 543-7951</u>
Address: <u>1400 16TH STREET SUITE 300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>DDYK@MALLARDEXPLORATION.COM</u>

API Number <u>05-123-48417-00</u>	County: <u>WELD</u>
Well Name: <u>Blue Teal Fed</u>	Well Number: <u>15-3-2HN</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>22</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>480</u> feet Direction: <u>FNL</u> Distance: <u>2301</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.653829</u> As Drilled Longitude: <u>-104.076073</u>	
GPS Data: GPS Quality Value: <u>1.7</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>02/02/2021</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>300</u> feet Direction: <u>FSL</u> Dist: <u>958</u> feet Direction: <u>FWL</u>	
Sec: <u>15</u> Twp: <u>8N</u> Rng: <u>60W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>1714</u> feet Direction: <u>FSL</u> Dist: <u>959</u> feet Direction: <u>FWL</u>	
Sec: <u>3</u> Twp: <u>8N</u> Rng: <u>60W</u>	
Field Name: <u>WILDCAT</u> Field Number: <u>99999</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 12/07/2020 Date TD: 01/19/2021 Date Casing Set or D&A: 01/20/2021  
 Rig Release Date: 01/26/2021 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>18895</u> TVD** <u>6278</u>	Plug Back Total Depth MD <u>18891</u> TVD** <u>6278</u>
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Elevations GR <u>4894</u> KB <u>4921</u>	Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/>
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List All Logs Run:

CBL, MUD, MWD/LWD, RESISTIVITY (TRIPLE COMBO RAN ON 123-48415)

### FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): \_\_\_\_\_ Fresh Water (bbls): \_\_\_\_\_

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): \_\_\_\_\_

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	B	37	0	94	60	94	0	VISU
SURF	12+1/4	9+5/8	J55	36	0	1975	600	1975	0	VISU
1ST	8+1/2	5+1/2	CYP110	20	0	18891	2950	18891	0	CBL

Bradenhead Pressure Action Threshold 592 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,615				
SUSSEX	4,467				
SHANNON	4,904				
SHARON SPRINGS	6,604				
NIOBRARA	6,680				

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) crosses the 300' setback hardline. The actual footages will be submitted with the Form 5A.  
TRIPLE COMBO RAN ON 123-48415

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

Signed: \_\_\_\_\_ Print Name: DUSTIN DYK

Title: Chief Operating Officer Date: \_\_\_\_\_ Email: DDYK@MALLARDEXPLORATION.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402607009	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402607008	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
402607004	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402610541	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402610553	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402610556	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402610557	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402610566	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402625991	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)