

FORM
5

Rev
12/20

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402598227

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>05-123-48415-00</u>	County: <u>WELD</u>
Well Name: <u>Blue Teal Fed</u>	Well Number: <u>15-3-6HN</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>22</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>480</u> feet Direction: <u>FNL</u> Distance: <u>2176</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.653832</u> As Drilled Longitude: <u>-104.075623</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 FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>300</u> feet Direction: <u>FSL</u> Dist: <u>2288</u> feet Direction: <u>FEL</u>	
Sec: <u>15</u> Twp: <u>8N</u> Rng: <u>60W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1718</u> feet Direction: <u>FSL</u> Dist: <u>2291</u> feet Direction: <u>FEL</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) 12/06/2020 Date TD: 01/05/2021 Date Casing Set or D&A: 01/06/2021
 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>18691</u> TVD** <u>6317</u>	Plug Back Total Depth MD <u>18687</u> TVD** <u>6317</u>
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Elevations GR <u>4892</u> KB <u>4919</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

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	1936	600	1936	0	VISU
1ST	8+1/2	5+1/2	CYP110	20	0	18687	2900	18687	0	CBL

Bradenhead Pressure Action Threshold 581 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	3,433				
SUSSEX	4,178				
SHANNON	4,644				
SHARON SPRINGS	6,108				
NIOBRARA	6,159				

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.

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 ?	
<u>Attachment Checklist</u>			
402623486	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402623485	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"/>
<u>Other Attachments</u>			
402623412	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623416	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623433	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623447	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623451	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623456	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623457	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623458	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402623460	DIRECTIONAL DATA	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)