

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:

402661062

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: 10670 Contact Name: DUSTIN DYK
Name of Operator: MALLARD EXPLORATION LLC Phone: (720) 543-7951
Address: 1400 16TH STREET SUITE 300 Fax:
City: DENVER State: CO Zip: 80202 Email: ddyk@mallardexploration.com

API Number 05-123-50841-00 County: WELD
Well Name: Goldeneye Fed Well Number: 21-16-3HN
Location: QtrQtr: SENW Section: 21 Township: 8N Range: 60W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2365 feet Direction: FNL Distance: 2196 feet Direction: FWL
As Drilled Latitude: 40.648589 As Drilled Longitude: -104.098194
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 03/29/2021
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 300 feet Direction: FSL Dist: 2193 feet Direction: FWL
Sec: 21 Twp: 8N Rng: 60W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 297 feet Direction: FNL Dist: 1983 feet Direction: FWL
Sec: 16 Twp: 8N Rng: 60W
Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/24/2021 Date TD: 03/13/2021 Date Casing Set or D&A: 03/14/2021
Rig Release Date: 03/20/2021 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17679 TVD** 6340 Plug Back Total Depth MD 17667 TVD** 6340
Elevations GR 4935 KB 4962 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MUD, MWD/LWD, (TRIPLE COMBO RAN ON 123-50842)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 0 Fresh Water (bbls): 0
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	H-40	43	0	107	60	107	0	VISU
SURF	12+1/4	9+5/8	J-55	36	0	1941	675	1941	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	17667	2850	17667	120	CBL

Bradenhead Pressure Action Threshold 582 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	4,251				
SUSSEX	5,279				
SHANNON	5,814				
SHARON SPRINGS	7,296				
NIOBRARA	7,351				

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 123-50842)

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>			
402668927	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402668924	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>			
402668922	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693770	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693777	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693787	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693790	PDF-MWD/LWD	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)