

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:

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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>05-123-50847-00</u> | County: <u>WELD</u> |
| Well Name: <u>Goldeneye Fed</u> | Well Number: <u>21-16-7HN</u> |
| Location: QtrQtr: <u>SENW</u> Section: <u>21</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u> | |
| FNL/FSL FEL/FWL | |
| Footage at surface: Distance: <u>2366</u> feet Direction: <u>FNL</u> Distance: <u>2276</u> feet Direction: <u>FWL</u> | |
| As Drilled Latitude: <u>40.648590</u> As Drilled Longitude: <u>-104.097903</u> | |
| GPS Data: GPS Quality Value: <u>1.3</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>03/29/2021</u> | |
| FNL/FSL FEL/FWL | |
| ** If directional footage at Top of Prod. Zone Dist: <u>300</u> feet Direction: <u>FSL</u> Dist: <u>423</u> feet Direction: <u>FEL</u> | |
| Sec: <u>21</u> Twp: <u>8N</u> Rng: <u>60W</u> | |
| FNL/FSL FEL/FWL | |
| ** If directional footage at Bottom Hole Dist: <u>300</u> feet Direction: <u>FNL</u> Dist: <u>348</u> feet Direction: <u>FEL</u> | |
| Sec: <u>16</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) 02/26/2021 Date TD: 03/01/2021 Date Casing Set or D&A: 03/02/2021
 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 <u>17870</u> TVD** <u>6344</u> Plug Back Total Depth MD <u>17852</u> TVD** <u>6344</u> |
| Elevations GR <u>4936</u> KB <u>4963</u> Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/> |

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 | 13+1/2 | 9+5/8 | J-55 | 36 | 0 | 1942 | 650 | 1942 | 0 | VISU |
| 1ST | 8+1/2 | 5+1/2 | HCP110 | 20 | 0 | 17852 | 2860 | 17852 | 0 | CBL |

Bradenhead Pressure Action Threshold 583 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 | 4,233 | | | | |
| SUSSEX | 5,208 | | | | |
| SHANNON | 5,797 | | | | |
| SHARON SPRINGS | 7,551 | | | | |
| NIOBRARA | 7,610 | | | | |

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@mallardexplotation.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402668823 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402668820 | 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> | | | |
| 402668818 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402693656 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402693672 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402693676 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402695108 | 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)