

FORM  
5A

Rev  
09/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10670</u>	4. Contact Name: <u>Carl Enright</u>
2. Name of Operator: <u>MALLARD EXPLORATION LLC</u>	Phone: <u>(720) 5437967</u>
3. Address: <u>1400 16TH STREET SUITE 300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>cenright@mallardexploration.com</u>

5. API Number <u>05-123-48420-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Blue Teal Fed</u>	Well Number: <u>15-3-8HN</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>22</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/01/2021 End Date: 05/20/2021 Date this Formation was Completed: 07/30/2021

Perforations Top: 6771 Bottom: 18673 No. Holes: 2484 Hole size: 0.37 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.

70 Stages Plug and Perf, 624,368 bbls of Slickwater, 8,724,577 # 100 mesh and 27,259,970 # 40/70, 1075 bbls 7.5% HCl

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 625443 Max pressure during treatment (psi): 8711

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): 0.80

Total acid used in treatment (bbl): 1075 Number of staged intervals: 70

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 13829

Fresh water used in treatment (bbl): 624368 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 35984547

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

08/19/2021 Hours: 24 Bbl oil: 550 Mcf Gas: 368 Bbl H2O: 1416  
Date Calculated 24 hour rate: Bbl oil: 550 Mcf Gas: 368 Bbl H2O: 1416 GOR: 669  
Test Method: Flowing Casing PSI: 215 Tubing PSI: 534 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1497 API Gravity Oil: 37  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6495 Tbg setting date: 07/21/2021 Packer Depth: 6489

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:  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Carl Enright  
Title: Completions Manager Date: \_\_\_\_\_ Email: cenright@mallardexploration.com

## Attachment List

Att Doc Num	Name

Total Attach: 0 Files

## General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)