

**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) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
402800952

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>05-123-48425-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Blue Teal Fed</u>	Well Number: <u>15-3-3HN</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: 06/02/2021 End Date: 06/20/2021 Date this Formation was Completed: 08/11/2021

Perforations Top: 6844 Bottom: 18728 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, 636,448 bbls of Slickwater, 8,369,154 # 100 mesh and 27,609,880 # 40/70, 1048 bbls 7.5% HCl, 12 bbls 15% HCl

Flowback volume measured using tank level sensors in produced water tanks. Volume recovered until first sales.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 637508 Max pressure during treatment (psi): 8730

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): 0.84

Total acid used in treatment (bbl): 1060 Number of staged intervals: 70

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 13425

Fresh water used in treatment (bbl): 636448 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 35979034

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/31/2021 Hours: 24 Bbl oil: 400 Mcf Gas: 251 Bbl H2O: 900

Calculated 24 hour rate: Bbl oil: 400 Mcf Gas: 251 Bbl H2O: 900 GOR: 628

Test Method: Flowing Casing PSI: 430 Tubing PSI: 751 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1484 API Gravity Oil: 37

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6627 Tbg setting date: 07/24/2021 Packer Depth: 6621

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)