

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:

402991056

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@mallardexplortion.com

API Number 05-123-46172-00 County: WELD
Well Name: Green Teal Fed Well Number: 34-27-3HN
Location: QtrQtr: SESW Section: 34 Township: 8N Range: 60W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 500 feet Direction: FSL Distance: 1862 feet Direction: FWL
As Drilled Latitude: 40.612880 As Drilled Longitude: -104.081255
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 01/27/2022

*** If directional footage at Top of Prod. Zone Dist: 300 feet Direction: FSL Dist: 1794 feet Direction: FWL
Sec: 34 Twp: 8N Rng: 60W
FNL/FSL _____ FEL/FWL _____

*** If directional footage at Bottom Hole Dist: 301 feet Direction: FNL Dist: 1794 feet Direction: FWL
Sec: 27 Twp: 8N Rng: R60W
FNL/FSL _____ FEL/FWL _____

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: 99999

Spud Date: (when the 1st bit hit the dirt) 12/16/2021 Date TD: 01/09/2022 Date Casing Set or D&A: 01/10/2022

Rig Release Date: 01/23/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16618 TVD** 6378 Plug Back Total Depth MD 16599 TVD** 6378

Elevations GR 4923 KB 4940 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MUD, MWD, (RESISTIVITY RAN ON 123-46170)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 3866 Fresh Water (bbls): 2037

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1828

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	97	60	97	0	VISU
SURF	12+1/4	9+5/8	J-55	36	0	1699	600	1699	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	16599	2625	16599	660	CBL

Bradenhead Pressure Action Threshold 510 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	3,451				
SUSSEX	4,171				
SHANNON	4,712				
SHARON SPRINGS	6,242				
NIOBRARA	6,284				

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.
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A resistivity log was run on Green Teal Fed 34-27-1HN (123-46170)

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@mallardexplortion.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402991084	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402991082	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>			
402991073	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402991074	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402991076	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402991077	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402995003	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)