

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:

403211512

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>05-123-49657-00</u>	County: <u>WELD</u>
Well Name: <u>Canvasback Fed</u>	Well Number: <u>32-33-3HN</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>32</u> Township: <u>9N</u> Range: <u>60W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1838</u> feet Direction: <u>FNL</u> Distance: <u>646</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.707829</u> As Drilled Longitude: <u>-104.123787</u>	
GPS Data: GPS Quality Value: <u>1.3</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>10/24/2022</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1877</u> feet Direction: <u>FNL</u> Dist: <u>393</u> feet Direction: <u>FWL</u>	
Sec: <u>32</u> Twp: <u>9N</u> Rng: <u>60W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1877</u> feet Direction: <u>FNL</u> Dist: <u>393</u> feet Direction: <u>FWL</u>	
Sec: <u>32</u> Twp: <u>9N</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) 10/09/2022 Date TD: 10/09/2022 Date Casing Set or D&A: 10/09/2022
 Rig Release Date: 10/11/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>1899</u> TVD** <u>1877</u>	Plug Back Total Depth MD <u>1899</u> TVD** <u>1877</u>
----------------------------------------------	--------------------------------------------------------

Elevations GR <u>4944</u> KB <u>4959</u>	Digital Copies of ALL Logs must be Attached <input type="checkbox"/>
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List All Logs Run:

NO LOG TO UPLOAD

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 686 Fresh Water (bbls): _____

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

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	H40	43	0	94	60	94	0	VISU
SURF	13+1/2	9+5/8	J-55	40	0	1899	800	1899	0	VISU

Bradenhead Pressure Action Threshold 570 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	

Operator Comments:

Drilling was suspended after setting surface on this well due to economic and logistical reasons. Mallard plans to complete drilling operations on this well second quarter 2023.

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>			
403211535	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403213574	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
403213575	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)