

FORM
5Rev
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:

403222142

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@MALLARDEXPLORATION.COM

API Number 05-123-51702-00

County: WELD

Well Name: Eider

Well Number: 36-1-6HN

Location: QtrQtr: SWSE Section: 25 Township: 8N Range: 60W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1144 feet Direction: FSL Distance: 2410 feet Direction: FEL

As Drilled Latitude: 40.629352 As Drilled Longitude: -104.038915

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 10/24/2022

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 977 feet Direction: FSL Dist: 2191 feet Direction: FEL
Sec: 25 Twp: 8N Rng: 60WFNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 977 feet Direction: FSL Dist: 2191 feet Direction: FEL
Sec: 25 Twp: 8N Rng: 60W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: 98/6083-S

Spud Date: (when the 1st bit hit the dirt) 10/15/2022 Date TD: 10/15/2022 Date Casing Set or D&A: 10/15/2022

Rig Release Date: 10/16/2022 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1670 TVD** 1636 Plug Back Total Depth MD 1670 TVD** 1636

Elevations GR 4927 KB 4942

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

NO LOGS 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): 646 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	J55	40	0	1670	600	1670	0	VISU

Bradenhead Pressure Action Threshold 501 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 DYKTitle: CHIEF OPERATING OFFICER

Date: _____

Email: DDYK@MALLARDEXPLORATION.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403222162	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403222166	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>			
403222169	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)