

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

402660944

Date Received:

05/20/2021

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

ECMC Operator Number: 10670

Contact Name: Rachel Milne

Name of Operator: BISON IV OPERATING LLC

Phone: (720) 340-8580

Address: 518 17TH STREET SUITE 1800

Fax:

City: DENVER

State: CO

Zip: 80202

Email: rmilne@bisonog.com

API Number 05-123-50847-00

County: WELD

Well Name: Goldeneye Fed

Well Number: 21-16-7HN

Location: QtrQtr: SENW

Section: 21

Township: 8N

Range: 60W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2366 feet

Direction: FNL

Distance: 2276 feet

Direction: FWL

As Drilled Latitude: 40.648590

As Drilled Longitude: -104.097903

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP

Date of Measurement: 03/29/2021

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 383 feet

Direction: FSL

Dist: 420 feet

Direction: FEL

Sec: 21

Twp: 8N

Rng: 60W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 300 feet

Direction: FNL

Dist: 348 feet

Direction: FEL

Sec: 16

Twp: 8N

Rng: 60W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/26/2021

Date TD: 03/01/2021

Date Casing Set or D&A: 03/02/2021

Rig Release Date: 03/20/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17870

TVD** 6344

Plug Back Total Depth MD 17852

TVD** 6344

Elevations

GR 4936

KB

4963

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, MUD, MWD/LWD (TRIPLE COMBO RAN ON 123-50842)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 0

Fresh Water (bbls): 0

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	H-40	43	0	107	60	107	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1942	650	1942	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	17852	2860	17852	0	CBL

Bradenhead Pressure Action Threshold 583 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	4,233				
SUSSEX	5,208				
SHANNON	5,797				
SHARON SPRINGS	7,551				
NIOBRARA	7,610				

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 300' setback hardline. The actual footages will be submitted with the Form 5A. (TRIPLE COMBO RAN ON 123-50842)

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: 5/20/2021 Email: ddyk@mallardexplotation.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402668823	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402668825	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402668820	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>			
402660944	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402668818	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693656	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693672	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402693676	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402695108	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	1/18/2025 --updated contact information to current operator --HZ Offset Mitigation completed prior to stimulation --requested TPZ from operator, it is not on the Form 5A. Received 1/21/2025 from operator and entered before passing this form. Permit review complete and passed 1/21/2025 Engineer review complete and passed 1/21/2025	01/18/2025

Total: 1 comment(s)