

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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



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Document Number:

402812154

Date Received:

09/15/2021

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. ECMC Operator Number: 10670	4. Contact Name: Rachel Milne
2. Name of Operator: BISON IV OPERATING LLC	Phone: (720) 340-8580
3. Address: 518 17TH STREET SUITE 1800	Fax:
City: DENVER State: CO Zip: 80202	Email: rmilne@bisonog.com

5. API Number 05-123-50847-00	6. County: WELD
7. Well Name: Goldeneye Fed	Well Number: 21-16-7HN
8. Location: QtrQtr: SENW Section: 21 Township: 8N Range: 60W Meridian: 6	
9. Field Name: WILDCAT	Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 06/29/2021 End Date: 07/11/2021 Date this Formation was Completed: 08/30/2021
Perforations Top: 7981 Bottom: 17768 No. Holes: 2124 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.

60 Stages Plug and Perf, 555,450 bbls of Slickwater, 7,593,850 # 100 mesh and 22,595,652 # 40/70, 1177 bbls 7.5% 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): 556627 Max pressure during treatment (psi): 9035
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): 0.88
Total acid used in treatment (bbl): 1177 Number of staged intervals: 60
Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl): 17404
Fresh water used in treatment (bbl): 555450 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 30189502

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

09/13/2021 Hours: 24 Bbl oil: 538 Mcf Gas: 377 Bbl H2O: 1470
Date Calculated 24 hour rate: Bbl oil: 538 Mcf Gas: 377 Bbl H2O: 1470 GOR: 701
Test Method: Flowing Casing PSI: 7 Tubing PSI: 541 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1578 API Gravity Oil: 39
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7752 Tbg setting date: 08/18/2021 Packer Depth: 7745
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: 9/15/2021 Email: cenright@mallardexploration.com

ATTACHMENT LIST

Att Doc Num	Name
402812154	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	1/21/2025 --updated contact information to current operator --HZ offset mitigation complete prior to stimulation --WO TPZ from operator before passing Form 5/5A. Received 1/21/2025 from operator and entered on Form 5, document 402660944. Review complete and passed 1/21/2025	01/21/2025

Total: 1 comment(s)