

FORM
5Rev
02/20**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:

402336686

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 05-123-47028-00

County: WELD

Well Name: Shoveler Fed

Well Number: 29-30-1HN

Location: QtrQtr: NENW Section: 29 Township: 8N Range: 60W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 757 feet Direction: FNL Distance: 2247 feet Direction: FWL

As Drilled Latitude: 40.638434 As Drilled Longitude: -104.117283

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 03/13/2020

GPS Instrument Operator's Name: Alan Hnizdo

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 359 feet Direction: FNL Dist: 3379 feet Direction: FEL
Sec: 29 Twp: 8N Rng: 60W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 367 feet Direction: FNL Dist: 316 feet Direction: FWL
Sec: 30 Twp: 8N Rng: 60W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: COC028088

Spud Date: (when the 1st bit hit the dirt) 02/05/2020 Date TD: 02/18/2020 Date Casing Set or D&A: 02/18/2020

Rig Release Date: 02/19/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17685 TVD** 6481 Plug Back Total Depth MD 17660 TVD** 6480

Elevations GR 4944 KB 4961

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, MWD-ROP, Mud, Gamma Ray, Resistivity/Openhole log

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	43	0	80	50	0	80	VISU
SURF	12+1/4	9+5/8	36	0	1,791	600	0	1,791	VISU
1ST	8+1/2	5+1/2	20	0	17,685	2,775		17,685	CBL

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	
RICHARD	4,023		NO	NO	
PARKMAN	4,176		NO	NO	
SUSSEX	5,116		NO	NO	
SHANNON	5,618		NO	NO	
SHARON SPRINGS	7,221		NO	NO	
NIOBRARA	7,270		NO	NO	

Operator Comments:

The Resistivity-Openhole logs were run on this well, which was the first well on the pad to be drilled.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kim Rodell _____

Title: Permit Agent _____

Date: _____

Email: krodell@upstreampm.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402336761	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402336753	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>		
402336742	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402336789	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402336802	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402372336	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402372882	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402372884	LAS-RESISTIVITY	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)

