

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:

402661062

Date Received:

05/19/2021

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 05-123-50841-00

County: WELD

Well Name: Goldeneye Fed

Well Number: 21-16-3HN

Location: QtrQtr: SENW

Section: 21

Township: 8N

Range: 60W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2365 feet

Direction: FNL

Distance: 2196 feet

Direction: FWL

As Drilled Latitude: 40.648589

As Drilled Longitude: -104.098194

GPS Data: GPS Quality Value: 1.4 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: 305 feet

Direction: FSL

Dist: 2194 feet

Direction: FWL

Sec: 21

Twp: 8N

Rng: 60W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 297 feet

Direction: FNL

Dist: 1983 feet

Direction: FWL

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) 02/24/2021

Date TD: 03/13/2021

Date Casing Set or D&A: 03/14/2021

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 17679

TVD** 6340

Plug Back Total Depth MD 17667

TVD** 6340

Elevations

GR 4935

KB

4962

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	12+1/4	9+5/8	J-55	36	0	1941	675	1941	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	17667	2850	17667	120	CBL

Bradenhead Pressure Action Threshold 582 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	4,251				
SUSSEX	5,279				
SHANNON	5,814				
SHARON SPRINGS	7,296				
NIOBRARA	7,351				

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: 5/19/2021 Email: ddyk@mallardexploration.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402668927	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402668930	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402668924	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>					
402661062	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402668922	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402693770	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402693777	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402693787	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402693790	PDF-MWD/LWD	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 complete prior to stimulation --requested TPZ from operator--not on Form 5A--received 1/21/2025, entered. Permit review complete and passed 1/21/2025 Engineer review complete and passed 1/21/2025	01/18/2025

Total: 1 comment(s)