

FORM
5

Rev
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
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
** If directional footage at Top of Prod. Zone Dist: 305 feet Direction: FSL Dist: 2194 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 297 feet Direction: FNL Dist: 1983 feet Direction: FWL
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 1/2" 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 DYK

Title: 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)