

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:

402826061

Date Received:

09/29/2021

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

5. API Number <u>05-123-50841-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Goldeneye Fed</u>	Well Number: <u>21-16-3HN</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>21</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/11/2021 End Date: 07/25/2021 Date this Formation was Completed: 09/08/2021

Perforations Top: 7703 Bottom: 17581 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, 521,626 bbls of Slickwater, 8,087,750 # 100 mesh and 22,102,390 # 40/70, 1000 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): 522626 Max pressure during treatment (psi): 8556

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): 0.82

Total acid used in treatment (bbl): 1000 Number of staged intervals: 60

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 14586

Fresh water used in treatment (bbl): 521626 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 30190140

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/27/2021 Hours: 24 Bbl oil: 582 Mcf Gas: 395 Bbl H2O: 1328
Date Calculated 24 hour rate: Bbl oil: 582 Mcf Gas: 395 Bbl H2O: 1328 GOR: 679
Test Method: Flowing Casing PSI: 95 Tubing PSI: 483 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1611 API Gravity Oil: 39
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7435 Tbg setting date: 08/20/2021 Packer Depth: 7429

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: 9/29/2021 Email: cenright@mallardexploration.com

ATTACHMENT LIST

Att Doc Num	Name
402826061	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 1/21/25 and entered on Form 5, doc #402661062 Review complete and passed 1/21/2025	01/21/2025

Total: 1 comment(s)