

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:
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Date Received:

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. OGCC Operator Number: <u>10797</u>	4. Contact Name: <u>Wesley Marshall</u>
2. Name of Operator: <u>DESERT EAGLE OPERATING LLC</u>	Phone: <u>(214) 886-5098</u>
3. Address: <u>17101 PRESTON RD SUITE 105</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248</u>	Email: <u>wmarshall@prohelium.com</u>

5. API Number <u>05-071-09929-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>Red Rocks</u>	Well Number: <u>35-11</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>35</u> Township: <u>29S</u> Range: <u>55W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: LYONS Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 11/04/2023
Perforations Top: 1050 Bottom: 1313 No. Holes: _____ Hole size: _____ 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.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
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:

This is a single exploratory conventional vertical helium well completed in the Lyons formation.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: CATHY A BULF
Title: Manager Date: _____ Email: cathybulf@gmail.com

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)