

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. ECMC Operator Number: <u>10763</u>	4. Contact Name: <u>Peter Kondrat</u>
2. Name of Operator: <u>BNL (ENTERPRISE) INC</u>	Phone: <u>(970) 7595370</u>
3. Address: <u>2011 FOREST AVENUE</u>	Fax: _____
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u>	Email: <u>pkondrat@bluestarhelium.com</u>

5. API Number <u>05-071-09922-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>State 16 SWSE</u>	Well Number: <u>3054</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>16</u> Township: <u>30S</u> Range: <u>54W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: LYONS Status: WAITING ON COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date this Formation was Completed: _____

Perforations Top: 1112 Bottom: 1210 No. Holes: _____ Hole size: 6 + 1/8 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.

No treatment, natural completion upon drilling into

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:

05/27/2024 Hours: 1 Bbl oil: 0 Mcf Gas: 313 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 313 Bbl H2O: 0 GOR: 0

Test Method: Natural Flow Casing PSI: _____ Tubing PSI: 0 Choke Size: 1 + 3/8

Gas Disposition: VENTED Gas Type: HELIUM Btu Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Well is waiting on pipeline and helium plant hookup

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: Peter Kondrat

Title: Chief Operating Officer Date: _____ Email: pkondrat@bluestarhelium.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)