

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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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: 10763

2. Name of Operator: BNL (ENTERPRISE) INC

3. Address: 2011 FOREST AVENUE

City: DURANGO State: CO Zip: 81301

4. Contact Name: Peter Kondrat

Phone: (970) 7595370

Fax:

Email: pkondrat@bluestarhelium.com

5. API Number 05-071-09922-00

7. Well Name: State 16 SWSE

8. Location: QtrQtr: SWSE Section: 16 Township: 30S Range: 54W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: LAS ANIMAS

Well Number: 3054

## 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](https://www.fracfocus.org)

### Test Information:

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